

# Huron County Health Department

## Fee Schedule

<b>SECTION:</b> 1 (Part 1)	<b>SUBJECT:</b> Immunization Program
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 5/01/2019	<b>LAST REVIEW:</b> 10/19/2022
<b>DATE ESTABLISHED:</b> 5/1/02	<b>LAST REVISION DATE:</b> 10/20/2016
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02	<b>BOH ADOPTED DATE:</b> 4/17/2019
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02	<b>BOC ADOPTED DATE:</b> 4/23/2019 – No. 19-41c
<b>Service</b>	<b>Fee</b>
Dtap, Tdap, TD or DT - Children, Students & Adults	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Injectable Polio Vaccine - Children, Students, Susceptible Adults and Adults for Foreign Travel	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Measles/Mumps/Rubella and MMRV - Children, Students, Required College Booster, Adults for Foreign Travel and Susceptible Adults	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Varicella	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Rotavirus	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Human Papillomavirus	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Zoster	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Influenza – Injectable TIV	\$25 Administration Fee + Vaccine Costs (actual costs + 20%) (unless covered by VFC/VRP)
Influenza – Injectable QIV	\$25 Administration Fee + Vaccine Costs (actual costs + 20%) (unless covered by VFC/VRP)
Flu Mist	\$25 Administration Fee + Vaccine Costs (actual costs + 20%) (unless covered by VFC/VRP)
High Dose Flu	\$25 Administration Fee+ Vaccine Costs (actual costs + 20%) (unless covered by VFC/VRP)
Pneumococcal	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Tuberculin Tests - Children and Requirement of Volunteer, Paid or Unpaid position	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
HIB Vaccine - Children	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Hepatitis A Vaccine	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Hepatitis B Vaccine - Children through 18 years	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.

# Huron County Health Department Fee Schedule

<b>SECTION:</b> 1 (Part 2)	<b>SUBJECT:</b> Immunization Program
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 5/01/2019	<b>LAST REVIEW:</b> 10/19/2022
<b>DATE ESTABLISHED:</b> 5/1/02	<b>LAST REVISION DATE:</b> 02/20/2016
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02	<b>BOH ADOPTED DATE:</b> 04/17/2019
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02	<b>BOC ADOPTED DATE:</b> 04/23/2019– No. 19-41c
<b>Service</b>	<b>Fee</b>
Hepatitis B Vaccine – age 19 years and older	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Varicella	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
RIG (Rabies Immune Globulin)	\$25 Administration Fee + Vaccine Costs (actual cost + 20%)
Rabies	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by MDHHS)
Rabies - Titer	\$12 + lab fees
Meningococcal Vaccine	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/VRP)
Official Immunization Record – initial with immunizations	No Charge
Official Immunization Record - copy	No Charge
Tuberculin Results - Initial	No Charge
Tuberculin Results - Copy	No Charge

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.

# Huron County Health Department Fee Schedule

<b>SECTION: 2</b>	<b>SUBJECT: EPSDT Program</b>
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 05/01/19	<b>LAST REVIEW:</b> 10/19/2022
<b>DATE ESTABLISHED:</b> 5/1/02	<b>LAST REVISION DATE:</b> 12/20/11
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02	<b>BOH ADOPTED DATE:</b> 04/17/19
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02	<b>BOC ADOPTED DATE:</b> 4/23/19– No. 19-41c
<b>Service</b>	<b>Fee</b>
Immunizations	See Immunization Fee Schedule
Vision	\$16 – Charged only if Assessment is not done.
Hearing (Audio/Objective)	\$20
Hemoglobin	\$5
Tuberculin Tests – Children	\$25 administration fee + antigen fee
Venipuncture	\$12

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.

# Huron County Health Department

## Fee Schedule

<b>SECTION:</b> 3 (Part 1)		<b>SUBJECT:</b> Family Planning	
<b>PURPOSE:</b> To establish fees to be charged for services rendered.			
<b>EFFECTIVE DATE:</b> 1/01/2017		<b>LAST REVIEW:</b> 10/19/2022	
<b>DATE ESTABLISHED:</b> 5/1/02		<b>LAST REVISION DATE:</b> 11/04/2016	
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02		<b>BOH ADOPTED DATE:</b> 12/14/2016	
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02		<b>BOC ADOPTED DATE:</b> 12/29/2016	
<b>Service</b>		<b>Fee</b>	
Initial Exam (ages 12 -17)		\$206	
Initial Exam (ages 18 – 39)		\$206	
Initial Exam (ages 40 – 64)		\$206	
Established Exam (ages 12 – 17)		\$170	
Established Exam (ages 18 – 39)		\$154	
Established Exam (ages 40 – 64)		\$154	
Initial Office Visit – Problem Focused		\$139	
Initial Office Visit – Expanded Problem Focused		\$153	
Established Office Visit – RN		\$72	
Established Office Visit – MLP – Problem Focused		\$139	
Established Office Visit – MLP – Expanded Problem Focused		\$155	
Pregnancy Test		\$15	
Counseling		\$20	
GC – Probetec		Actual cost of test, unless free from MDHHS	
Chlamydia – Probetec		Actual cost of test, unless free from MDHHS	
VDRL		Actual cost of test, unless free from MDHHS	
Viral Culture		Actual cost of test, unless free from MDHHS	
Flagyl 14 Tabs		Actual cost of drug, unless free from MDHHS	
Flagyl 4 Tabs		Actual cost of drug, unless free from MDHHS	
Doxycycline		Actual cost of drug, unless free from MDHHS	

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.

# Huron County Health Department Fee Schedule

<b>SECTION:</b> 3 (Part 2)		<b>SUBJECT:</b> Family Planning	
<b>PURPOSE:</b> To establish fees to be charged for services rendered.			
<b>EFFECTIVE DATE:</b> 01/01/14		<b>LAST REVIEW:</b> 10/19/2022	
<b>DATE ESTABLISHED:</b> 5/1/02		<b>LAST REVISION DATE:</b> 3/20/13	
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02		<b>BOH ADOPTED DATE:</b> 12/18/13	
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02		<b>BOC ADOPTED DATE:</b> 12/30/2013	
<b>Service</b>		<b>Fee</b>	
Zithromax Suspension 1 gm.		Actual cost of drug, unless free from MDHHS	
Rocephin		Actual cost of drug, unless free from MDHHS	
Erythromycin		Actual cost of drug, unless free from MDHHS	
Depo Provera*		\$45*	
Diaphragm*		\$15*	
Male Condom		\$3.60/dozen <i>(Unless we get for free then there is no charge)</i>	
Female Condom		\$1 each	
Oral Contraceptives		\$20/pack*	
Plan B*		\$15/pack*	
IUD*		Actual cost of device	
IUD Insertion		Based on Contractual Agreement	
IUD Removal		Based on Contractual Agreement	
Nuva Ring*		\$40*	
Injection		\$15	

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.

*\* Any drug purchased through 340B Drug Program can only be charged at actual purchase price.*

# Huron County Health Department Fee Schedule

<b>SECTION:</b> 4	<b>SUBJECT:</b> Breast and Cervical Cancer Control Program
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 03/19/2014	<b>LAST REVIEW:</b> 10/19/2022
<b>DATE ESTABLISHED:</b> 5/1/02	<b>LAST REVISION DATE:</b> 03/15/2014
<b>INITIAL BOH ADOPTED DATE:</b> 03/19/2014	<b>BOH ADOPTED DATE:</b> 03/19/2014
<b>INITIAL BOC ADOPTED DATE:</b> 03/25/2014	<b>BOC ADOPTED DATE:</b> 03/27/2014
<b>Service</b>	<b>Fee</b>
Initial Exam	\$236
Established Exam (ages 40-64)	\$178

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.

# Huron County Health Department Fee Schedule

<b>SECTION: 5</b>	<b>SUBJECT: Maternal Infant Support Program</b>
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 06/01/2021	<b>LAST REVIEW:</b> 10/19/2022
<b>DATE ESTABLISHED:</b> 5/1/02	<b>LAST REVISION DATE:</b> 06/01/21
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02	<b>BOH ADOPTED DATE:</b> 06/16/2021
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02	<b>BOC ADOPTED DATE:</b> 6/22/2021 No. 21-83c
<b>Service</b>	<b>Fee</b>
MSS Office Enrollment (H1000)	\$88
MSS Additional Home Visit (H1001)	\$100
Discharge Visit (H1004)	\$110
MSS Home Enrollment (H2000)	\$110
MSS Home Visit (99402)	\$95
MSS Office Visit (99402)	\$70
Complex Home Visit with additional Face-To-Face Time	\$140
ISS Office Enrollment (T1023)	\$88
ISS Home Enrollment (H2000)	\$110
ISS Home Visit (99402)	\$95
ISS Office Visit (99402)	\$70
ISS Visit Drug Exposed Infant (96154)	\$95
Childbirth Education (S9442)	\$35
Enhanced Care Coordination Time (T2022)	\$80

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.

# Huron County Health Department Fee Schedule

<b>SECTION: 6</b>	<b>SUBJECT: Miscellaneous Fees</b>
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 5/01/2019	<b>LAST REVIEW:</b> 09/14/2020
<b>DATE ESTABLISHED:</b> 5/1/02	<b>LAST REVISION DATE:</b> 05/01/2019
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02	<b>BOH ADOPTED DATE:</b> 04/17/2019
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02	<b>BOC ADOPTED DATE:</b> 4/23/2019– No. 19-41c
Service	Fee
Breast and Cervical Cancer Control Program (BCCCP); FP/BCCCP	Fees established by the State
Lead	\$25 for all others including non-Medicaid Head Start
Immune Status Titers – Hepatitis B Antibody	\$25 + lab fees
Immune Status Titer FB 146 – Medical/Nursing Student – Antibody Testing – 5 panel	\$25 + lab fees
Immune Status Titer FB 147 – Healthcare Worker Immune Status testing – 3 panel	\$25 + lab fees
Lead Nursing Home Visit – First Visit	\$75
Lead Nursing Home Visit – Second Visit	\$65
Lead Environmental Health Home Visit – First Visit	\$200
Lead Environmental Health Home Visit – Second Visit	\$150
Court Ordered Testing	\$141
Disinterment/Re-interment Permit	\$15
Public Health Home Visit	\$75
Public Health Nurse/Health Educator Presentation	\$75 (minimum 1 hour charged)
Copying Fee	\$.10 per page
Returned Check Fee	\$25 + amount of check if paid within 7 days \$25 + amount of check + \$35 if paid within 30 days

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.



# HURON COUNTY HEALTH DEPARTMENT

## Fee Schedule

<b>SECTION:</b> 7 (Part 1)	<b>SUBJECT:</b> Environmental Health
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 12/01/2021	<b>LAST REVIEW DATE:</b> 10/19/2022
<b>DATE ESTABLISHED:</b> 05/01/02	<b>LAST REVISION DATE:</b> 11/1/2018
<b>BOH ADOPTED DATE:</b> 05/15/02	<b>BOH ADOPTED DATE:</b> 11/17/21 – Motion FY22-015
<b>BOC ADOPTED DATE:</b> 05/14/02	<b>BOC ADOPTED DATE:</b> 11/23/21 – Motion 21-155c
Service	Fee
<b>SEWAGE PROGRAM</b>	<b>PROPOSED FEES:</b>
<u><i>Sewage Disposal Permits</i></u>	
Application – Residential or Commercial <400 gal	\$419
Application – Commercial – 400 to 1999 gallons	\$470
Application – Commercial – 2000 to 10000 gallons	\$591
<u><i>Sewage Permit Renewal/Transfer</i></u>	
Renewal (prior to expiration date and may renew only once)	\$51
Permit Transfer	\$51
<b>Fee For Above Systems Installed Without Permit: Cost will be 3 times the fee noted above.</b>	
<u><i>Other Sewage Services</i></u>	
Evaluations of Existing Systems	\$224
Relocation	\$224
Appeals Hearing Before Hearing Board or Hearing Officer	\$574
Sewage Installer Registration	
New Installer or Reinstatement	\$251
Renewal	\$75
Septic Tank Only - Application	\$248
<b>WELL PROGRAM</b>	
<u><i>Well Water Permits</i></u>	
Private Well or Type III (includes required sampling)	\$266
Type II Well – Commercial	\$601
<u><i>Well Permit Renewal/Transfer</i></u>	
Renewal (prior to expiration date and may renew only once)	\$51
Permit Transfer	\$51
<u><i>Other Well Services</i></u>	
Special Request Evaluation (sanitarian collects sample)	\$82
Type II Treatment	
Limited	\$257
Full	\$510

# HURON COUNTY HEALTH DEPARTMENT

## Fee Schedule

<b>SECTION:</b> 7 (Part 2)	<b>SUBJECT:</b> Environmental Health		
<b>PURPOSE:</b> To establish fees to be charged for services rendered.			
<b>EFFECTIVE DATE:</b> 12/01/2021	<b>LAST REVIEW DATE:</b> 10/19/2022		
<b>DATE ESTABLISHED:</b> 05/01/02	<b>LAST REVISION DATE:</b> 1/01/2020		
<b>BOH ADOPTED DATE:</b> 05/15/02	<b>BOH ADOPTED DATE:</b> 11/17/21 - Motion FY22-015		
<b>BOC ADOPTED DATE:</b> 05/14/02	<b>BOC ADOPTED DATE:</b> 11/23/21 - Motion 21-155c		
<b>Service</b>	<b>Fee</b>		
<b>OTHER ENVIRONMENTAL HEALTH</b>			
<u>Evaluations/Inspections</u>			
Water/Sewage Evaluation	\$401		
DHS Environmental Inspection			
Partial Inspection	\$275		
Full Inspection	\$401		
Plan Review	\$383		
Partial Plan Review	\$192		
<u>Plat/Cemetery/Land Division</u>			
Pre-Preliminary Plat (applied toward prelim plat if submitted)	\$447		
Preliminary Plat	\$289		
<u>Pool Inspections</u>			
Public Pool Inspection (Late Fees Apply)	\$182 (a \$54 late fee will be added the first day of the month following the due date and each month thereafter)		
<u>Campgrounds</u>			
Campground Inspection (Late Fees Apply)	\$210 + \$3 per site >25 (a \$54 late fee will be added the first month following the due date and each month thereafter)		
Temporary Campground			
1-25 sites	Total Fee	County Fee	State Fee
26-50 sites	\$206	\$112	\$94
51-75 sites	\$252	\$126	\$126
76-100 sites	\$299	\$141	\$158
101-500 sites	\$344	\$154	\$190
501+ sites	\$484	\$200	\$284
	\$857	\$225	\$632
<u>Radon</u>			
Charcoal Test Kit	\$11		
Alpha Test Kit	\$11		
<u>Appeals Board Application</u>			
Appeals Board Application	\$574		
<u>Body Art and Tattooing</u>			
Follow-up Inspection Fee	\$192		
Plan Review	\$266		

# HURON COUNTY HEALTH DEPARTMENT

## Fee Schedule

<b>SECTION:</b> 7 (Part 3)	<b>SUBJECT:</b> Environmental Health				
<b>PURPOSE:</b> To establish fees to be charged for services rendered.					
<b>EFFECTIVE DATE:</b> 12/01/2021	<b>LAST REVIEW DATE:</b> 10/19/2022				
<b>DATE ESTABLISHED:</b> 05/01/02	<b>LAST REVISION DATE:</b> 03/15/19				
<b>BOH ADOPTED DATE:</b> 05/15/02	<b>BOH ADOPTED DATE:</b> 11/17/21 - Motion FY22-015				
<b>BOC ADOPTED DATE:</b> 05/14/02	<b>BOC ADOPTED DATE:</b> 11/23/21 - Motion 21-155c				
Service	Fee				
<u><b>FOOD SERVICE - Profit</b></u>	FEE	COUNTY CHARGE	STATE SURCHARGE	CONSUMER EDUC.	INDUSTRY EDUC.
Fixed New License	\$892	\$862	\$25	\$3	\$2
Operating prior to license – 2x new license fee	\$1751	\$1721	\$25	\$3	\$2
Renewal	\$608	\$578	\$25	\$3	\$2
Renewal – operating 9 months or less (seasonal)	\$375	\$345	\$25	\$3	\$2
Late Fee – Per Month	\$57	\$57			
Change of Ownership*	\$892	\$862	\$25	\$3	\$2
Mobile	\$374	\$344	\$25	\$3	\$2
Special Transitory Food Unit (STFU)					
License	\$155	\$111	\$39	\$3	\$2
Inspection	\$90	\$90			
Temporary					
30 days or more before event – regular fee	\$79	\$70	\$4	\$3	\$2
15-29 days before event – 2x regular fee**	\$152	\$143	\$4	\$3	\$2
1-14 days before event – 3x regular fee**	\$223	\$214	\$4	\$3	\$2
day of event – 4x regular fee**	\$298	\$289	\$4	\$3	\$2
Second Reinspection per hour	\$114	\$114			
Informal Hearing	\$251	\$251			
Formal Hearing	\$579	\$579			
Reinstatement of license following revocation	\$579	\$579			
Plan Review					
Partial	\$369	\$369			
Complete	\$605	\$605			

# HURON COUNTY HEALTH DEPARTMENT

## Fee Schedule

<b>SECTION:</b> 7 (Part 3)	<b>SUBJECT:</b> Environmental Health
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**PURPOSE:** To establish fees to be charged for services rendered.

<b>EFFECTIVE DATE:</b> 12/01/2021	<b>LAST REVIEW DATE:</b> 10/19/2022
<b>DATE ESTABLISHED:</b> 05/01/02	<b>LAST REVISION DATE:</b> 03/15/2019
<b>BOH ADOPTED DATE:</b> 05/15/02	<b>BOH ADOPTED DATE:</b> 11/17/2021 - Motion FY22-015
<b>BOC ADOPTED DATE:</b> 05/14/02	<b>BOC ADOPTED DATE:</b> 11/23/21 - Motion 21-155c

Service	Fee
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<u><b>FOOD SERVICE – Non-Profit</b></u>	FEE	COUNTY CHARGE	STATE SURCHARGE	CONSUMER EDUC.	INDUSTRY EDUC.
Fixed New License	\$867	\$862	\$0	\$3	\$2
Operating prior to license – 2x new license fee	\$1726	\$1721	\$0	\$3	\$2
Renewal	\$583	\$578	\$0	\$3	\$2
Renewal – operating 9 months or less (seasonal)	\$350	\$345	\$0	\$3	\$2
Late Fee – Per Month	\$57	\$57			
Change of Ownership*	\$867	\$862	\$0	\$3	\$2
Mobile	\$349	\$344	\$0	\$3	\$2
Special Transitory Food Unit (STFU)					
License	\$116	\$111	\$0	\$3	\$2
Inspection	\$90	\$90			
Temporary					
30 days or more before event – regular fee	\$75	\$70	\$0	\$3	\$2
15-29 days before event – 2x regular fee**	\$148	\$143	\$0	\$3	\$2
1-14 days before event – 3x regular fee**	\$219	\$214	\$0	\$3	\$2
day of event – 4x regular fee**	\$294	\$289	\$0	\$3	\$2
Second Reinspection per hour	\$114	\$114			
Informal Hearing	\$251	\$251			
Formal Hearing	\$579	\$579			
Reinstatement of license following revocation	\$579	\$579			
Plan Review					
Partial	\$369	\$369			
Complete	\$605	\$605			

# Huron County Health Department Fee Schedule

<b>SECTION: 8</b>	<b>SUBJECT: Sexually Transmitted Infections Fees</b>
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 01/01/12	<b>LAST REVIEW:</b> 10/19/2022
<b>DATE ESTABLISHED:</b> 02/24/04	<b>LAST REVISION DATE:</b> 12/20/11
<b>INITIAL BOH ADOPTED DATE:</b> 02/18/04	<b>BOH ADOPTED DATE:</b> 12/21/11
<b>INITIAL BOC ADOPTED DATE:</b> 02/18/04	<b>BOC ADOPTED DATE:</b> 12/28/11
<b>Service</b>	<b>Fee</b>
New Client – Office Visit – Problem Focused	\$35.00
New Client – Office Visit – Expanded Problem	\$60.00
Established Client – Office Visit – Nursing Intervention	\$20.00
Established Client – Office Visit – Problem Focused	\$35.00
Laboratory – Pregnancy Test	\$15.00
Laboratory – Serology/VDRL	Actual cost of test, unless free from MDHHS
Laboratory – Chlamydia	Actual cost of test, unless free from MDHHS
Laboratory – GC	Actual cost of test, unless free from MDHHS
Medications – Flagyl – 14 tabs	Actual cost of drug, unless free from MDHHS
Medications – Flagyl – 4 tabs	Actual cost of drug, unless free from MDHHS
Medications – Doxycycline	Actual cost of drug, unless free from MDHHS
Medications – Zithromax	Actual cost of drug, unless free from MDHHS
Medications – Rocephin	Actual cost of drug, unless free from MDHHS
Medications – Erythromycin	Actual cost of drug, unless free from MDHHS
Medications – Bi-cillin LA	Actual cost of drug, unless free from MDHHS
Contraceptives – Condom	\$3.60/dozen (Unless we get for free then there is no charge)
Contraceptives – Female Condom	\$1.00

Note: Different Fees may be negotiated with Qualified Health Plans and other Health Insurance Providers as long as they are delineated in a contract which is approved by the Huron County Board of Health/Board of Commissioners.