

# 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> 11/1/2023	<b>LAST REVIEW:</b> 09/12/2024
<b>DATE ESTABLISHED:</b> 5/1/02	<b>LAST REVISION DATE:</b> 9/26/2023
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02	<b>BOH ADOPTED DATE:</b> 2/21/2024 FY24-044
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02	<b>BOC ADOPTED DATE:</b> 2/27/2024 No.24-26C
<b>Service</b>	<b>Fee</b>
Non-VFC/AVP Vaccines offered at HCHD	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/AVP)
VFC/AVP Vaccines offered at HCHD	\$23 Administration Fee
Non-VFC Immunization with Monoclonal Antibodies offered at HCHD	\$25 Administration Fee + Vaccine Costs (actual cost + 20%) (unless covered by VFC/AVP)
VFC Immunization with Monoclonal Antibodies offered at HCHD	\$23 Administration Fee
Tuberculin Tests	\$25 Administration Fee
Rabies - Titer	\$12 + lab fees
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:</b> 2 (Part 1)	<b>SUBJECT:</b> Family Planning
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 2/27/2024	<b>LAST REVIEW:</b> 9/12/2024
<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> 2/21/2024 FY24-044
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02	<b>BOC ADOPTED DATE:</b> 2/27/2024 No.24-26C
Service	Fee
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
Trichomoniasis Testing	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

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# Huron County Health Department Fee Schedule

<b>SECTION:</b> 2 (Part 2)		<b>SUBJECT:</b> Family Planning	
<b>PURPOSE:</b> To establish fees to be charged for services rendered.			
<b>EFFECTIVE DATE:</b> 08/27/2025		<b>LAST REVIEW:</b> 08/18/2025	
<b>DATE ESTABLISHED:</b> 5/1/02		<b>LAST REVISION DATE:</b> 10/1/2024	
<b>INITIAL BOH ADOPTED DATE:</b> 5/15/02		<b>BOH ADOPTED DATE:</b> 8/20/2025 FY25-094	
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02		<b>BOC ADOPTED DATE:</b> 8/26/2025 No.25-108C	
<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*	
Hormone Patch		\$45/patch*	
Plan B*		\$15/pack*	
IUD*		Actual cost of device	
IUD Insertion		Based on Contractual Agreement	
IUD Removal		Based on Contractual Agreement	
Nexplanon Device		Actual cost of device	
Nexplanon Insertion		\$200	
Nexplanon Removal		\$230	
Nexplanon Removal with re-insertion		\$320	
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.*

# Fee Schedule

<b>SECTION:</b> 3	<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> 10/01/2024	<b>LAST REVIEW:</b> 09/12/2024
<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> 09/18/2024 FY24-102
<b>INITIAL BOC ADOPTED DATE:</b> 03/25/2014	<b>BOC ADOPTED DATE:</b> 09/24/2024 No.24-113c
<b>Service</b>	<b>Fee</b>
Initial Exam (ages 40-64)	\$206
Established Exam (ages 40-64)	\$154

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> 4	<b>SUBJECT:</b> Maternal Infant Health Program
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 10/01/2023	<b>LAST REVIEW:</b> 09/12/2024
<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> 11/15/2023
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02	<b>BOC ADOPTED DATE:</b> 11/28/2023 No. 23-128c
<b>Service</b>	<b>Fee</b>
MSS Office Enrollment (H1000)	\$95
MSS Additional Home Visit (H1001)	\$100
Discharge Visit (H1004)	\$118
MSS Home Enrollment (H2000)	\$118
MSS Home Visit (99402)	\$100
MSS Office Visit (99402)	\$72
Complex Home Visit with additional Face-To-Face Time	\$150
ISS Office Enrollment (T1023)	\$95
ISS Home Enrollment (H2000)	\$118
ISS Home Visit (99402)	\$100
ISS Office Visit (99402)	\$72
Enhanced Care Coordination Time (T2022)	\$85
ISS Drug Exposed – 1 <sup>st</sup> 30 minutes (96167)	\$95.80
ISS Drug Exposed – Each Add'l (96168)	\$15.34

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: Miscellaneous Fees</b>
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 2/27/24	<b>LAST REVIEW:</b> 09/12/2024
<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> 2/21/2024      FY24-044
<b>INITIAL BOC ADOPTED DATE:</b> 5/14/02	<b>BOC ADOPTED DATE:</b> 2/27/2024      No. 24-26C
<b>Service</b>	<b>Fee</b>
Lead	\$25 for all others including non-Medicaid Head Start
Court Ordered Testing	\$141
Disinterment/Re-interment Permit	\$15
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> 6 (Part 1)	<b>SUBJECT:</b> Environmental Health
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 10/01/2024	<b>LAST REVIEW DATE:</b> 9/12/2024
<b>DATE ESTABLISHED:</b> 05/01/02	<b>LAST REVISION DATE:</b> 12/01/2021
<b>BOH ADOPTED DATE:</b> 05/15/02	<b>BOH ADOPTED DATE:</b> 9/18/2024 FY24-102
<b>BOC ADOPTED DATE:</b> 05/14/02	<b>BOC ADOPTED DATE:</b> 09/24/2024 No.24-113c
Service	Fee
<b>SEWAGE PROGRAM</b>	
<u><i>Sewage Disposal Permits</i></u>	
Application – Residential or Commercial <400 gal	\$434
Application – Commercial – 400 to 1999 gallons	\$486
Application – Commercial – 2000 to 10000 gallons	\$612
<u><i>Sewage Permit Renewal/Transfer</i></u>	
Renewal (prior to expiration date and may renew only once)	\$53
Permit Transfer	\$53
<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	\$232
Relocation	\$232
Appeals Hearing Before Hearing Board or Hearing Officer	\$594
Sewage Installer Registration	
New Installer or Reinstatement	\$260
Renewal	\$78
Septic Tank Only - Application	\$257
<b>WELL PROGRAM</b>	
<u><i>Well Water Permits</i></u>	
Private Well or Type III (includes required sampling)	\$275
Type II Well – Commercial	\$622
<u><i>Well Permit Renewal/Transfer</i></u>	
Renewal (prior to expiration date and may renew only once)	\$53
Permit Transfer	\$53
<u><i>Other Well Services</i></u>	
Special Request Evaluation (sanitarian collects sample)	\$85
Type II Treatment	
Limited	\$266
Full	\$528

# HURON COUNTY HEALTH DEPARTMENT

## Fee Schedule

<b>SECTION:</b> 6 (Part 2)	<b>SUBJECT:</b> Environmental Health		
<b>PURPOSE:</b> To establish fees to be charged for services rendered.			
<b>EFFECTIVE DATE:</b> 10/01/2024	<b>LAST REVIEW DATE:</b> 9/12/2024		
<b>DATE ESTABLISHED:</b> 05/01/02	<b>LAST REVISION DATE:</b> 10/01/2022		
<b>BOH ADOPTED DATE:</b> 05/15/02	<b>BOH ADOPTED DATE:</b> 9/18/2024 FY24-102		
<b>BOC ADOPTED DATE:</b> 05/14/02	<b>BOC ADOPTED DATE:</b> 09/24/2024 No.24-113c		
Service	Fee		
<b>OTHER ENVIRONMENTAL HEALTH</b>			
<u>Evaluations/Inspections</u>			
Water/Sewage Evaluation	<b>PROPOSED FEES:</b> \$415		
DHS Environmental Inspection			
Partial Inspection	\$285		
Full Inspection	\$415		
Plan Review	\$396		
Partial Plan Review	\$199		
<u>Plat/Cemetery/Land Division</u>			
Pre-Preliminary Plat (applied toward prelim plat if submitted)	\$463		
Preliminary Plat	\$299		
<u>Pool Inspections</u>			
Public Pool Inspection (Late Fees Apply)	\$188 (a \$56 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)	\$217 + \$3 per site >25 (a \$56 late fee will be added the first month following the due date and each month thereafter)		
Temporary Campground	Total Fee	County Fee	State Fee
5-25 sites	\$225	\$116	\$109
26-50 sites	\$276	\$130	\$146
51-75 sites	\$330	\$146	\$184
76-100 sites	\$380	\$159	\$221
101-500 sites	\$537	\$207	\$330
501+ sites	\$967	\$233	\$734
<u>Radon</u>			
Charcoal Test Kit	\$11		
Alpha Test Kit	\$11		
<u>Appeals Board Application</u>			
Appeals Board Application	\$594		
<u>Body Art and Tattooing</u>			
Follow-up Inspection Fee	\$199		
Plan Review	\$275		

# HURON COUNTY HEALTH DEPARTMENT

## Fee Schedule

<b>SECTION:</b> 6 (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> 10/01/2024	<b>LAST REVIEW DATE:</b> 9/12/2024
<b>DATE ESTABLISHED:</b> 05/01/02	<b>LAST REVISION DATE:</b> 12/01/2021
<b>BOH ADOPTED DATE:</b> 05/15/02	<b>BOH ADOPTED DATE:</b> 9/18/2024 FY24-102
<b>BOC ADOPTED DATE:</b> 05/14/02	<b>BOC ADOPTED DATE:</b> 09/24/2024 No.24-113c

Service	Fee				
<u><b>FOOD SERVICE - Profit</b></u>	FEE	COUNTY CHARGE	STATE SURCHARGE	CONSUMER EDUC.	INDUSTRY EDUC.
Fixed New License	\$922	\$892	\$25	\$3	\$2
Operating prior to license – 2x new license fee	\$1811	\$1781	\$25	\$3	\$2
Renewal	\$628	\$598	\$25	\$3	\$2
Renewal – operating 9 months or less (seasonal)	\$387	\$357	\$25	\$3	\$2
Late Fee – Per Month	\$59	\$59			
Change of Ownership*	\$922	\$892	\$25	\$3	\$2
Mobile	\$386	\$356	\$25	\$3	\$2
Special Transitory Food Unit (STFU)					
License	\$159	\$115	\$39	\$3	\$2
Inspection	\$90	\$90			
Temporary					
30 days or more before event – regular fee	\$81	\$72	\$4	\$3	\$2
15-29 days before event – 2x regular fee**	\$157	\$148	\$4	\$3	\$2
1-14 days before event – 3x regular fee**	\$230	\$221	\$4	\$3	\$2
day of event – 4x regular fee**	\$308	\$299	\$4	\$3	\$2
Second Reinspection per hour	\$118	\$118			
Informal Hearing	\$260	\$260			
Formal Hearing	\$599	\$599			
Reinstatement of license following revocation	\$599	\$599			
Plan Review					
Partial	\$382	\$382			
Complete	\$626	\$626			

# HURON COUNTY HEALTH DEPARTMENT

## Fee Schedule

<b>SECTION:</b> 6 (Part 3)	<b>SUBJECT:</b> Environmental Health
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 10/01/2024	<b>LAST REVIEW DATE:</b> 9/12/2024
<b>DATE ESTABLISHED:</b> 05/01/02	<b>LAST REVISION DATE:</b> 12/01/2021
<b>BOH ADOPTED DATE:</b> 05/15/02	<b>BOH ADOPTED DATE:</b> 9/24/2024 FY24-102
<b>BOC ADOPTED DATE:</b> 05/14/02	<b>BOC ADOPTED DATE:</b> 09/24/2024 No.24-113c

Service	Fee				
<u>FOOD SERVICE – Non-Profit</u>	FEE	COUNTY CHARGE	STATE SURCHARGE	CONSUMER EDUC.	INDUSTRY EDUC.
Fixed New License	\$897	\$892	\$0	\$3	\$2
Operating prior to license – 2x new license fee	\$1786	\$1781	\$0	\$3	\$2
Renewal	\$603	\$598	\$0	\$3	\$2
Renewal – operating 9 months or less (seasonal)	\$362	\$357	\$0	\$3	\$2
Late Fee – Per Month	\$59	\$59			
Change of Ownership*	\$897	\$892	\$0	\$3	\$2
Mobile	\$361	356	\$0	\$3	\$2
Special Transitory Food Unit (STFU)					
License	\$120	\$115	\$0	\$3	\$2
Inspection	\$90	\$90			
Temporary					
30 days or more before event – regular fee	\$77	\$72	\$0	\$3	\$2
15-29 days before event – 2x regular fee**	\$153	\$148	\$0	\$3	\$2
1-14 days before event – 3x regular fee**	\$226	\$221	\$0	\$3	\$2
day of event – 4x regular fee**	\$304	\$299	\$0	\$3	\$2
Second Reinspection per hour	\$118	\$118			
Informal Hearing	\$260	\$ 260			
Formal Hearing	\$599	\$599			
Reinstatement of license following revocation	\$599	\$599			
Plan Review					
Partial	\$382	\$382			
Complete	\$626	\$626			

# Huron County Health Department Fee Schedule

<b>SECTION: 7</b>	<b>SUBJECT:</b> Sexually Transmitted Infections Fees
<b>PURPOSE:</b> To establish fees to be charged for services rendered.	
<b>EFFECTIVE DATE:</b> 01/01/12	<b>LAST REVIEW:</b> 09/12/2024
<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
Service	Fee
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.