REQUEST FOR BOARD ACTION / CONTRACT CONTROL FORM

Tracking Number: 7.

Date of Request: September 17, 2007

Date Request Received: September 17, 2007

Board Meeting Date Requested: October 1, 2007

Board Meeting Date Assigned: October 1, 2007

Short Title: Resolution To Approve The Revised Health Department Fee Schedule For Fy 2007-2008.

Background: As a recent change in standards for setting fees in local health departments of North Carolina, changes in clinical and dental fees were revisited and revised utilizing the FY 2006 Medicaid Cost Analysis, current Medicaid rates, third party reimbursement rates, and the retail cost of medications/vaccine.

As a result, the fee schedule for all clinical services will remain the same as approved on June 18, 2007. As noted on the FY 2007-2008 Fee Schedule, some fees may change during the year if Medicaid rates change. Fees for Animal Control will remain as approved on June 18, 2007.

As approved on June 18, 2007, Environmental Health fees increased to reflect the cost of operating the soil evaluation (septic) program; and the Food & Lodging program. New fees were added to the state mandated Well-water Construction and Sampling program .

To date, all public health services are fee based with the exception of the detection of Communicable Diseases.

The fee schedule has been approved and factored into the FY 2008 budget. If fee revenues do not meet budgetary projections, then the "local county share" will increase to help fund the Health Department.

Specific Action Requested: Approve attached Pender County Health Department's Revised Fee Schedule for Fiscal Year 2007-2008.

Requested by: Jack Griffith, Ph.D.
Department: Health Department
Title: Director
Contact Phone: 259-1328
Contact Fax:

Request Status:

- ☒ Request is proceeding to Board of Commissioners
- ☐ More information is needed – see attached
- ☐ Request on hold – no further information needed
- ☐ Other:

(Administrative Use Only)

CONTRACT TYPE

- ☐ Renewal
- ☐ Revision
- ☐ For Service(s)
- ☐ For Equipment
- ☐ Intergovernmental – County as Grantee
  - ☐ Federal Grantor
  - ☐ State Grantor
  - ☐ Grant or
- ☐ County as Grantor
  - ☐ County Funds
  - ☐ Other Funds:

PURCHASING
Date Rec'd:
Budgeted Item: ☐ Yes ☐ No
☐ Reviewed and Approved
☐ Comments on Reverse
Date Sent:
Signed:

ATTORNEY
Date Rec'd:
☐ Reviewed and Approved
☐ Legal Problem(s)
☐ Comments on Reverse
Date Sent:
Signed:

FINANCE
Date Rec'd
Sufficient Funds ☐ Available ☐ Not Available
☐ Budget Amendment Necessary
☐ Budgeted Amendment is Attached
☐ Comments on Reverse
Date Sent:
Signed:

CLERK
Signature(s) Required:
☐ Board Chairman/County Manager
☐ Other:
Date Rec'd
Approved by Board: ☐ Yes ☐ No
At meeting on

Pender County Health Department

FY 2007-2008

FEE SCHEDULE

APPROVED BY
THE PENDER COUNTY BOARD OF HEALTH
MAY 15, 2007

APPROVED BY
THE PENDER COUNTY BOARD OF COMMISSIONERS
JUNE 18, 2007

REVISED BY
THE PENDER COUNTY BOARD OF HEALTH
SEPTEMBER 18, 2007

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ANIMAL CONTROL

SERVICE			*FEE*
ADOPTIONS		***canine/feline***	$20.00
RABIES VACCINATIONS			$6.00
REDEMPTIONS		***canine/feline***	
1st time			$20.00
2nd time			$40.00
3rd time		*(animal redeemed after summons is signed)*	CRIMINAL COURT
REDEMPTIONS		large and/or exotic	
1st time	**mare**	*(per day)*	$25.00
	stud	*(per day)*	$50.00
2nd time	**mare**	*(per day)*	$25.00
	stud	*(per day)*	$50.00
3rd time		*(animal redeemed after summons is signed)*	CRIMINAL COURT
SURRENDER		*(owner surrender animal)*	$20.00

CLINIC SLIDING FEE SCALE

Transaction Code	Description	FEE 100%	80%	60%	40%	20%
	CLINICAL OFFICE VISIT					
36415	Collection of Venous Blood by Venipuncture	3.75	3.00	2.25	1.50	0.75
57061	Destruction Vagina Lesion(s)	129.26	103.41	77.56	51.70	25.85
57150	Treat Vagina Infection	72.28	57.82	43.37	28.91	14.46
57452	Examination of Vaginia	125.69	100.55	75.41	50.28	25.14
57454	Colposcopy (Vaginoscopy); w/Biopsy(s) Cervix/Endocervical	181.19	144.95	108.71	72.48	36.24
57505	Endocervical Curettage	115.83	92.66	69.50	46.33	23.17
58300	Insert Intrauterine Device	108.03	86.42	64.82	43.21	21.61
58301	Remove Intrauterine Device	116.43	93.14	69.86	46.57	23.29
59025	Fetal Non-stress Test	46.20	36.96	27.72	18.48	9.24
76805	Ultrasound, Pregnant Uterus, B-Scan; Real Time w/image	150.74	120.59	90.44	60.30	30.15
76815	Echography, Pregnant Uterus, B-Scan; Real Time w/image	101.11	80.89	60.67	40.44	20.22
76830	Ultrasound, Transvaginal	107.65	86.12	64.59	43.06	21.53
80051	Electrolyte Panel	18.86	15.09	11.32	7.54	3.77
81000	Routine Unine Analysis	5.54	4.43	3.32	2.22	1.11
81001	Urinalysis, Dip Stick/Tablet Reagent for Bilirubin, Glucose, Hemoglobin,	5.54	4.43	3.32	2.22	1.11
81002	Urinalysis, Nonauto w/o scope	4.46	3.57	2.68	1.78	0.89
81025	Urine Pregnancy test	11.00	11.00	11.00	11.00	11.00
82105	Alpha-Fetoprotein; Serum	77.50	62.00	46.50	31.00	15.50
82270	Blood, Occult, by Peroxidase Act (EG, Guaiac), Qualitative; Feces, 1-3	5.68	4.54	3.41	2.27	1.14
82465	Cholesterol, Serum or Whole Blood, Total	7.60	6.08	4.56	3.04	1.52
82947	Glucose; Quantitative, Blood (except reagent strip)	6.85	5.48	4.11	2.74	1.37
82948	Glucose Blood Stick Test	5.54	4.43	3.32	2.22	1.11
82950	Glucose Post Glucose Dose	8.30	6.64	4.98	3.32	1.66
82951	Glucose Tolerance (GTT)	22.49	17.99	13.49	9.00	4.50
82962	Blood Glucose by monitoring device	4.09	3.27	2.45	1.64	0.82
83020	Hgb Fractionation/Quantitation; Electrophoresis (EG, A2, S, C	21.95	17.56	13.17	8.78	4.39
83540	Assay of Iron	35.05	28.04	21.03	14.02	7.01
83655	Lead	21.14	16.91	12.68	8.46	4.23
84030	Assay of Blood PKU	9.61	7.69	5.77	3.84	1.92
84703	Gonadotropin Chorionic Quantitative	13.00	10.40	7.80	5.20	2.60
85018	Hemoglobin	4.14	3.31	2.48	1.66	0.83
86580	Sensitivity Test Tuberculosis	10.00	10.00	10.00	10.00	10.00
86592	Syphilis, Precipitation or Flocculation Tests	7.45	5.96	4.47	2.98	1.49
86701	Antibody; HIV-1	0.00	0.00	0.00	0.00	0.00
86762	Antibody; Rubella	39.05	31.24	23.43	15.62	7.81
86900	Blood Typing; Abo	41.31	33.05	24.79	16.52	8.26
87060	GC Pharyn/Rectal	13.35	10.68	8.01	5.34	2.67
87070	Culture, Bacterial; any other source except urine, Blood/Stool,	15.04	12.03	9.02	6.02	3.01
87081	Culture, Presumptive, Pathogenic Organisms, Screen only	10.08	8.06	6.05	4.03	2.02
87210	Smear, Primary source w/interpretation; wet mount for infectious agent	6.66	5.33	4.00	2.66	1.33
87880	Infectious agent detect-immunoassay w/direct optical obser	20.01	16.01	12.01	8.00	4.00
88142	Cytopathology, Cervical/Vaginal (any reporting system) collected in	35.39	28.31	21.23	14.16	7.08
90375	Rabies Immune Glob (IM-SC)	86.26	69.01	51.76	34.50	17.25
90376	Rabies Imm/Glob (IG,Heat Treated)	92.50	74.00	55.50	37.00	18.50
90384	RHO(D) Immune Globulin (RHIG), Human, Full-Dose; for intramuscular	118.80	95.04	71.28	47.52	23.76
90465	Immune Admin w/counsel, <8 yrs	0.00	0.00	0.00	0.00	0.00

CLINIC SLIDING FEE SCALE

Transaction Code	Description	FEE 100%	80%	60%	40%	20%
	CLINICAL OFFICE VISIT					
90471	Immunization Administration	0.00	0.00	0.00	0.00	0.00
90473	Immun Admin Oral/Nasal	14.50	11.60	8.70	5.80	2.90
90474	Immun Admin Oral/Nasal Addl	9.86	7.89	5.92	3.94	1.97
90632	Hepatitis A Vaccine, Adult dosage, for Intramuscular use	83.00	66.40	49.80	33.20	16.60
90633	Hepatitis A Vaccine, Pediatric/Adolescent dosage-2 dose schedule	35.00	28.00	21.00	14.00	7.00
90645	Hemophilus Influenza B vaccine (HIB) HBOC Conjugate (4 dose schedu	0.00	0.00	0.00	0.00	0.00
90647	Hemophilus Influenza B vaccine (HIB), PRP-OMP Conjugate (3 Dose sc	0.00	0.00	0.00	0.00	0.00
90648	Hemophilus influenza B Vaccube (HIB) , PRP-T Conjugat (4 doses)	0.00	0.00	0.00	0.00	0.00
90657	Influenza virus vaccine, split virus, 6-35 months dosage	12.00	12.00	12.00	12.00	12.00
90658	Influenza virus vaccine, split virus, 3 years + dosage6-35 months dosage	12.00	12.00	12.00	12.00	12.00
90649	H PAPILLOMA VACC 3 DOSE IM	0.00	0.00	0.00	0.00	0.00
90669	Pneumococcal Vaccine, Ped (PREVNAR)	0.00	0.00	0.00	0.00	0.00
90675	Rabies IM	161.25	129.00	96.75	64.50	32.25
90676	Rabies	161.25	129.00	96.75	64.50	32.25
90680	RPTPVORIS VACC 3 DOSE, ORAL	0.00	0.00	0.00	0.00	0.00
90700	Dipthteria, Tetanus Toxoids, % accellarlu pertussis vacine	0.00	0.00	0.00	0.00	0.00
90702	Diphtheria & Tetanus Toxoids (DT)	0.00	0.00	0.00	0.00	0.00
90707	Measles, Mumps and Rubella virus vaccine	0.00	0.00	0.00	0.00	0.00
90707	MMR **PVT PAY**	46.00	46.00	46.00	46.00	46.00
90713	Poliovirus Vaccine, Inactivated (IPV)	0.00	0.00	0.00	0.00	0.00
90715	TDAP Vaccine >7 IM	0.00	0.00	0.00	0.00	0.00
90716	Varicella Virus, Live, or subcutanious use	76.00	76.00	76.00	76.00	76.00
90718	Tetanus and Diphtheria Toxoids,	0.00	0.00	0.00	0.00	0.00
90732	Pneumonia	19.00	19.00	19.00	19.00	19.00
90733	Meningococcal Polysaccharide vaccine, subcutane	77.64	62.11	46.58	31.06	15.53
90733	Meningococcal Polysaccharide vaccine, subcutane	0.00	0.00	0.00	0.00	0.00
90734	Meningococcal Conjugate vaccine . . For IM use	0.00	0.00	0.00	0.00	0.00
90741	Immune Serum Globulin (Adm Fee)	10.00	10.00	10.00	10.00	10.00
90744	Hepatitis B Vaccine, Pediatric/Adolescent (3 dose schedule)	28.00	28.00	28.00	28.00	28.00
90746	Hepatitis B Vaccine, Ages 20 years +	66.00	66.00	66.00	66.00	66.00
92081	Vision Screening	55.91	44.73	33.55	22.36	11.18
92082	Administration Fee	10.00	10.00	10.00	10.00	10.00
92551	Hearing Test	12.21	9.77	7.33	4.88	2.44
93786	Blood Pressure Screen	5.00	5.00	5.00	5.00	5.00
94640	Nonpressurized Inhalation Treat Acute Obstr	13.06	10.45	7.84	5.22	2.61
94760	Noninvasive ear or pulse oximetry for oxygen sat	4.48	3.58	2.69	1.79	0.90
95117	Professional serv for Allergen Immunotherapy not incl provision	10.00	10.00	10.00	10.00	10.00
96110	Develop testing; Limited (EG, Develop Screening Test II, early	12.68	10.14	7.61	5.07	2.54
96111	Develop testing; Extended(motor, language)	165.90	132.72	99.54	66.36	33.18
99070	Special Supplies	12.56	10.05	7.54	5.02	2.51
99173	Visual Screening Test	0.00	0.00	0.00	0.00	0.00
99201	OV NEW PT Minor-Phys Time Approx. 10 mins	77.63	62.10	46.58	31.05	15.53
99202	OV NEW PT Moderate-Phys Time Approx. 20 mins	116.44	93.15	69.86	46.58	23.29
99203	OV NEW PT Moderate-Phys Time Approx. 30 mins	165.60	132.48	99.36	66.24	33.12
99204	OV NEW PT, Complex-Phys Time Approx. 45 mins	243.23	194.58	145.94	97.29	48.65
99205	OV NEW PT, Severe-Phys time approx 60 mins	305.33	244.26	183.20	122.13	61.07

CLINIC SLIDING FEE SCALE

Transaction Code	Description	FEE 100%	80%	60%	40%	20%
	CLINICAL OFFICE VISIT					
99211	OV ESTAB PT, Minimal w/wo Phys, time approx 5 mins	42.70	34.16	25.62	17.08	8.54
99212	OV ESTAB PT, Minor-Phys, time approx 10 mins	71.16	56.93	42.70	28.46	14.23
99213	OV ESTAB PT, Moderate Phys time approx 15 mins	98.33	78.66	59.00	39.33	19.67
99214	OV ESTAB PT, Severe Phys time approx 25 mins	152.66	122.13	91.60	61.06	30.53
99215	OV ESTAB PT, Severe, Phys time approx 40 mins	227.70	182.16	136.62	91.08	45.54
99243	OUTPT CONSULT, Severe-Phys time approx 40 mins		0.00	0.00	0.00	0.00
99381	INITIAL COMPREH PREVENT MED EVAL & MANAGE	112.50	90.00	67.50	45.00	22.50
99382	NEW PT Physical Exam: 1 to 4 years	112.50	90.00	67.50	45.00	22.50
99383	NEW PT Physical Exam: 5 to 11 years	192.50	154.00	115.50	77.00	38.50
99384	NEW PT Physical Exam: 12 to 17 years	211.25	169.00	126.75	84.50	42.25
99385	NEW PT Physical Exam: 18 to 39 years	208.75	167.00	125.25	83.50	41.75
99386	NEW PT Physical Exam: 40 to 64 years	248.75	199.00	149.25	99.50	49.75
99387	NEW PT Physical Exam: 65 +	268.75	215.00	161.25	107.50	53.75
99391	Period Comprehen Prevent Med Re-eval & Manage	112.50	90.00	67.50	45.00	22.50
99392	ESTAB PT Physical Exam: 1 to 4 years	112.50	90.00	67.50	45.00	22.50
99393	ESTAB PT Physical Exam: 5 to 11 years	157.50	126.00	94.50	63.00	31.50
99394	ESTAB PT Physical Exam: 12 to 17 years	182.50	146.00	109.50	73.00	36.50
99395	ESTAB PT Physical Exam: 18 to 39 years	177.50	142.00	106.50	71.00	35.50
99396	ESTAB PT Physical Exam: 40 to 64 years	197.50	158.00	118.50	79.00	39.50
99397	ESTAB PT Physical Exam: 65 years +	218.75	175.00	131.25	87.50	43.75
99501	HV-Postnatal Assessment & Follow-up care	75.00	60.00	45.00	30.00	15.00
99502	HV-Newborn Care & Assessment	75.00	60.00	45.00	30.00	15.00
D0120	Period Oral Evaluation	28.84	23.07	17.30	11.54	5.77
D0145	ORAL EVALUATION, PT < 3 YRS	47.58	38.06	28.55	19.03	9.52
D0150	Comprehensive Oral Evaluation-New/Estab Pt	39.33	31.46	23.60	15.73	7.87
D1203	Topical Appl Fluoride (Prophylaxis not incl) Child	19.30	15.44	11.58	7.72	3.86
D1206	TOPICAL FLUORIDE VARNISH	19.30	15.44	11.58	7.72	3.86
D1330	Oral Hygiene Instructions Child	18.75	15.00	11.25	7.50	3.75
J0696	Ceftriaxone Sodium, per 250 MG (Rocephin)	17.68	14.14	10.61	7.07	3.54
J1055	DEPO-PROVERA (Medroxy Progesterone Acetate) 150 MG	66.33	53.06	39.80	26.53	13.27
J7300	PARA GARD T380A (Intra Uterine Device)	448.50	358.80	269.10	179.40	89.70
LU203	WORK PHYSICAL	50.00	50.00	50.00	50.00	50.00
S9445	Patient Ed, not otherwise classified, non-phys (1 unit=15mins)	86.38	69.10	51.83	34.55	17.28
T1002	RN Services up to 15 mins	24.38	19.50	14.63	9.75	4.88
T1016	Child Service Coordination	27.18	21.74	16.31	10.87	5.44
T1017	Maternity Care Coordination	36.74	29.39	22.04	14.70	7.35

NOTE: The Clinical fees listed are subject to change as medicaid rates change.

PRIVATE PAY PATIENTS: Flat rate fees will be adjusted based on cost of service.

CLINIC SLIDING FEE SCALE

Transaction Code	Description	FEE 100%	80%	60%	40%	20%
	DENTAL OFFICE VISIT					
D0120	Perodic oral evaluation	42.00	33.60	25.20	16.80	8.40
D0145	Oral Evaluation, pt <3yrs	47.59	38.07	28.55	19.04	9.52
D0140	Limited oral evaluation-problem focused	58.00	46.40	34.80	23.20	11.60
D0150	Comprehensive oral eval-new or estab patient	58.00	46.40	34.80	23.20	11.60
D0160	Detailed & extens oral eval-probl focused, report	61.00	48.80	36.60	24.40	12.20
D0210	Intraoral-complete series (incl bitewings)	84.00	67.20	50.40	33.60	16.80
D0220	Intraoral periapical 1st film	22.00	17.60	13.20	8.80	4.40
D0230	Intraoral periapical ea add'l film	16.00	12.80	9.60	6.40	3.20
D0240	Intraoral occlusal film	24.00	19.20	14.40	9.60	4.80
D0250	Extraoral 1st film	42.00	33.60	25.20	16.80	8.40
D0260	Extraoral ea add'l film	34.00	27.20	20.40	13.60	6.80
D0270	Bitewing single film	18.00	14.40	10.80	7.20	3.60
D0272	Bitewings 2 films	25.00	20.00	15.00	10.00	5.00
D0274	Bitewings four films	49.00	39.20	29.40	19.60	9.80
D0290	Post/ant or lat skull & facial bone survey film	66.00	52.80	39.60	26.40	13.20
D0330	Panoramic film	66.00	52.80	39.60	26.40	13.20
D0340	Cephalometric film	41.00	32.80	24.60	16.40	8.20
D0470	Diagnostic casts	66.00	52.80	39.60	26.40	13.20
D1110	Prophylaxis-adult	58.00	46.40	34.80	23.20	11.60
D1120	Prophylaxis-child	46.00	36.80	27.60	18.40	9.20
D1201	Prophylaxis App of Fluoride, child	61.00	48.80	36.60	24.40	12.20
D1203	Topical apply of fluoride (prophy not included)-child	29.00	23.20	17.40	11.60	5.80
D1204	Topical apply of fluoride (prophy not included)-adult	30.00	24.00	18.00	12.00	6.00
D1205	Fluoride application inc. prophy adult	65.00	52.00	39.00	26.00	13.00
D1206	Topical Fluoride Varnish	19.30	15.44	11.58	7.72	3.86
D1351	Sealant-per tooth	48.00	38.40	28.80	19.20	9.60
D1510	Space maintainer-fixed-unilateral	280.00	224.00	168.00	112.00	56.00
D1515	Space maintainer-fixed-bilateral	354.00	283.20	212.40	141.60	70.80
D2140	Amalgam-one surface, primary or permanent	92.00	73.60	55.20	36.80	18.40
D2150	Amalgam-two surfaces, primary or permanent	118.00	94.40	70.80	47.20	23.60
D2160	Amalgam-three surfaces, primary or permanent	126.00	100.80	75.60	50.40	25.20
D2161	Amalgam-four or more surfaces, primary or permanent	144.00	115.20	86.40	57.60	28.80
D2330	Resin-based composite-one surface, anterior	88.00	70.40	52.80	35.20	17.60
D2331	Resin-based composite-two surfaces, anterior	108.00	86.40	64.80	43.20	21.60
D2332	Resin-based composite-three surfaces, anterior	132.00	105.60	79.20	52.80	26.40
D2335	Resin-based composite-four + or invol incisal angle (anterior)	162.00	129.60	97.20	64.80	32.40
D2390	Resin-based composite crown, anterior	156.00	124.80	93.60	62.40	31.20
D2391	Resin-based composite-one surface, posterior	94.00	75.20	56.40	37.60	18.80
D2392	Resin-based composite-two surfaces, posterior	125.00	100.00	75.00	50.00	25.00
D2393	Resin-based composite-three surfaces, posterior	154.00	123.20	92.40	61.60	30.80
D2394	Resin-based composite-four + surfaces, posterior	160.00	128.00	96.00	64.00	32.00
D2930	Prefabricated stainless steel crown-primary tooth	180.31	144.25	108.19	72.13	36.06
D2931	Prefabricated stainless steel crown-permanent tooth	176.98	141.58	106.19	70.79	35.40
D2940	Sedative filling	35.00	28.00	21.00	14.00	7.00
D2950	Core buildup, including any pins	79.55	63.64	47.73	31.82	15.91
D3110	Pulp cap-direct excluding final	41.00	32.80	24.60	16.40	8.20

CLINIC SLIDING FEE SCALE

Transaction Code	Description	FEE 100%	80%	60%	40%	20%
	DENTAL OFFICE VISIT					
D3220	Therapeutic pulpotomy (excl final restoration)	90.00	72.00	54.00	36.00	18.00
D3310	Root canal therapy-ant (excl final restoration)	450.00	360.00	270.00	180.00	90.00
D3330	Root canal therapy-molar (excl final restoration)	726.00	580.80	435.60	290.40	145.20
D4341	Periodontal scal/root planing-4+ contiguous teeth per quad	134.00	107.20	80.40	53.60	26.80
D4342	Periodontal scal/root planing-one to three teeth per quad	48.00	38.40	28.80	19.20	9.60
D4355	Full mouth debridement to enable compreh eval/diag	90.00	72.00	54.00	36.00	18.00
D5110	Complete denture-maxillary	960.00	768.00	576.00	384.00	192.00
D5120	Complete denture-mandibular	960.00	768.00	576.00	384.00	192.00
D5211	Maxillary partial denture-resin base	690.00	552.00	414.00	276.00	138.00
D5212	Mandibular partial denture-resin base	690.00	552.00	414.00	276.00	138.00
D5213	Maxillary partial denture-cast metal frame w/resin dent bases	1,230.00	984.00	738.00	492.00	246.00
D5214	Mandibular partial denture-resin base	1,078.00	862.40	646.80	431.20	215.60
D5410	Adjust complete denture-maxillary	44.00	35.20	26.40	17.60	8.80
D5411	Adjust complete denture-mandibular	44.00	35.20	26.40	17.60	8.80
D5421	Adjust partial denture-maxillary	44.00	35.20	26.40	17.60	8.80
D5422	Adjust partial denture-mandibular	44.00	35.20	26.40	17.60	8.80
D5510	Repair broken complete denture base	139.00	111.20	83.40	55.60	27.80
D5640	Replace broken teeth-per tooth	86.00	68.80	51.60	34.40	17.20
D5650	Add tooth to existing partial denture	112.00	89.60	67.20	44.80	22.40
D7140	Extraction, erupted tooth or exposed root	91.00	72.80	54.60	36.40	18.20
D7210	Surgical removal of erupted tooth	148.00	118.40	88.80	59.20	29.60
D9110	Palliative (emerg) tx of dental pain-minor precedure	58.00	46.40	34.80	23.20	11.60

ENVIRONMENTAL HEALTH

	LOT EVALUATION	PERMIT	TOTAL
RESIDENTIAL			
TYPES I, II, III			
0 - 600gpd	250.00	250.00	500.00
(Single family dwelling - not to exceed 5 bedrooms)			
COMMERCIAL/MULTIPLE FAMILY (APTS. & CONDOS)			
601 - 1500gpd	250.00	630.00	880.00
1501 - 2999gpd	500.00	750.00	1,250.00
3000 & over	700.00	800.00	1,500.00
RESIDENTIAL/COMMERCIAL SYSTEMS			
TYPES IIIB, IIC, IV			
0 - 600gpd	300.00	300.00	600.00

PERMIT REVISION

(1/2 OF TOTAL PRICE OF L/E & PERMIT)

BUILDING ADDITION	65.00
EXISTING SYSTEM INSPECTION	125.00
PUBLIC SWIMMING POOLS	250.00
TATOO ARTISTRY PERMIT	250.00
ALL WATER SAMPLES:	50.00
BACTERIAL ANALYSIS	
PETROLEUM ANALYSIS	
CHEMICAL ANALYSIS	
NITRATE ANALYSIS	
PESTICIDE ANALYSIS	
WELL PERMIT	200.00