

AN ORDINANCE ESTABLISHING A FEE SCHEDULE FOR SERVICES RENDERED BY THE HOLMES COUNTY HEALTH DEPARTMENT; REQUIRING FEES TO BE PAID FOR SUCH SERVICES, SAID FEES TO BE BASED ON THE INCOME OF THE APPLICANTS FOR SUCH SERVICES; PROVIDING AN EFFECTIVE DATE.

BE IT HEREBY ENACTED by the Board of County Commissioners of Holmes County, Florida, as follows:

SECTION I: This Ordinance is enacted pursuant to the authority of Florida Statutes 154.06 and 125.66.

SECTION II: The Schedule of Fees as set forth in Schedule A attached hereto is hereby established as the schedule of fees to be charged by the Holmes County Health Department for services rendered by the said Health Department.


SECTION III: This Ordinance shall become effective when enacted and duly filed with the Office of the Secretary of State.

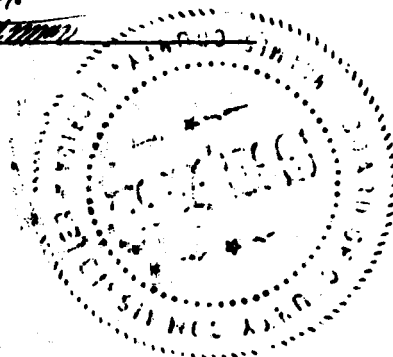
ENACTED in regular session this 15th day of February, 1982.

Board of County Commissioners
of Holmes County, Florida


Chairman

ATTEST:


Clerk (SEAL)



(Based on 1960 USA Family Guidelines)

FAMILY SIZE	GROSS INCOME LEVEL (ANNUAL)							
	1	3,790 or less	3,791 - 4,739	4,740 - 5,007	5,008 - 6,635	6,636 - 7,583	7,584 - 8,531	8,532 - 9,474
2	5,010 or less	5,011 - 6,262	6,263 - 7,514	7,515 - 8,766	8,767 - 10,018	10,019 - 11,270	11,271 - 12,524	12,525 or more
3	6,230 or less	6,231 - 7,787	7,788 - 9,344	9,345 - 10,901	10,902 - 12,458	12,459 - 14,015	14,016 - 15,574	15,575 or more
4	7,450 or less	7,451 - 9,312	9,313 - 11,174	11,175 - 13,036	13,037 - 14,898	14,899 - 16,760	16,761 - 18,624	18,625 or more
5	8,670 or less	8,671 - 10,837	10,838 - 13,004	13,005 - 15,171	15,172 - 17,338	17,339 - 19,505	19,506 - 21,674	21,675 or more
6	9,890 or less	9,891 - 12,363	12,364 - 14,835	14,836 - 17,307	17,308 - 19,779	19,780 - 22,251	22,252 - 24,724	24,725 or more
7	11,110 or less	11,111 - 13,887	13,888 - 16,664	16,665 - 19,441	19,442 - 22,218	22,219 - 24,995	24,996 - 27,774	27,775 or more
8	12,330 or less	12,331 - 15,412	15,413 - 18,494	18,495 - 21,576	21,577 - 24,658	24,659 - 27,740	27,741 - 30,824	30,825 or more
9	13,550 or less	13,551 - 16,937	16,938 - 20,324	20,325 - 23,711	23,712 - 27,098	27,099 - 30,485	30,486 - 33,872	33,873 or more
10	14,770 or less	14,771 - 18,462	18,463 - 22,154	22,155 - 25,846	25,847 - 29,538	29,539 - 33,230	33,231 - 36,924	36,925 or more
11	15,990 or less	15,991 - 19,987	19,988 - 23,984	23,985 - 27,981	27,982 - 31,978	31,979 - 35,975	35,976 - 39,974	39,975 or more
12	17,210 or less	17,211 - 21,512	21,513 - 25,814	25,815 - 30,116	30,117 - 34,418	34,419 - 38,720	38,721 - 43,024	43,025 or more
13	18,430 or less	18,431 - 23,037	23,038 - 27,644	27,645 - 32,251	32,252 - 36,858	36,859 - 41,465	41,466 - 46,074	46,075 or more
14	19,650 or less	19,651 - 24,562	24,563 - 29,474	29,475 - 34,386	34,387 - 39,298	39,299 - 44,210	44,211 - 49,124	49,125 or more
15	20,870 or less	20,871 - 26,087	26,088 - 31,304	31,305 - 36,521	36,522 - 41,738	41,739 - 46,955	46,956 - 52,174	52,175 or more
DISCOUNT GROUP	A	B	C	D	E	F	G	H
CLIENT COST								
TYPE OF SERVICE VISIT								
INITIAL OR ANNUAL	0	3.00	5.00	10.00	16.00	26.00	36.00	\$ 52.00
MEDICAL	0	2.00	4.00	9.00	13.00	22.00	30.00	\$ 43.00
SUPPLY	0	1.00	1.00	2.00	3.00	6.00	8.00	\$ 11.00
VASECTOMY	0	7.00	15.00	30.00	45.00	75.00	105.00	\$150.00
TUBAL LIGATION	0	23.00	45.00	90.00	135.00	225.00	315.00	\$450.00

- DIRECTIONS:** Step (1) - Determine the appropriate line in the upper table which reflects the client's family size.
- Step (2) - Move across the line, located in Step (1) until the column which contains the appropriate income level for the client is identified.
- Step (3) - Move down the column, located by Step (2), to determine the discount group (designated by letters A-H).
- Step (4) - Locate the appropriate service visit line in the lower table.
- Step (5) - Move across the line, located in Step (4), until it crosses the appropriate discount group [Step (3)] column. The fee to be assessed is located at this point.

DISCOUNT GROUP	MEDS SERVICE LEVEL (ANNUAL)							
	A	B	C	D	E	F	G	H
1	3,790 or less	3,791 - 4,739	4,740 - 5,687	5,688 - 6,635	6,636 - 7,583	7,584 - 8,531	8,532 - 9,479	9,480 or more
2	5,010 or less	5,011 - 6,262	6,263 - 7,514	7,515 - 8,766	8,767 - 10,018	10,019 - 11,270	11,271 - 12,522	12,523 or more
3	6,230 or less	6,231 - 7,787	7,788 - 9,344	9,345 - 10,901	10,902 - 12,458	12,459 - 14,015	14,016 - 15,572	15,573 or more
4	7,450 or less	7,451 - 9,312	9,313 - 11,174	11,175 - 13,036	13,037 - 14,898	14,899 - 16,760	16,761 - 18,622	18,623 or more
5	8,670 or less	8,671 - 10,837	10,838 - 13,004	13,005 - 15,171	15,172 - 17,338	17,339 - 19,505	19,506 - 21,672	21,673 or more
6	9,890 or less	9,891 - 12,363	12,364 - 14,835	14,836 - 17,307	17,308 - 19,779	19,780 - 22,251	22,252 - 24,722	24,723 or more
7	11,110 or less	11,111 - 13,887	13,888 - 16,664	16,665 - 19,441	19,442 - 22,218	22,219 - 24,995	24,996 - 27,772	27,773 or more
8	12,330 or less	12,331 - 15,412	15,413 - 18,494	18,495 - 21,576	21,577 - 24,658	24,659 - 27,740	27,741 - 30,822	30,823 or more
9	13,550 or less	13,551 - 16,937	16,938 - 20,324	20,325 - 23,711	23,712 - 27,098	27,099 - 30,485	30,486 - 33,872	33,873 or more
10	14,770 or less	14,771 - 18,462	18,463 - 22,154	22,155 - 25,846	25,847 - 29,538	29,539 - 33,230	33,231 - 36,922	36,923 or more
11	15,990 or less	15,991 - 19,987	19,988 - 23,984	23,985 - 27,981	27,982 - 31,978	31,979 - 35,975	35,976 - 39,972	39,973 or more
12	17,210 or less	17,211 - 21,512	21,513 - 25,814	25,815 - 30,116	30,117 - 34,418	34,419 - 38,720	38,721 - 43,022	43,023 or more
13	18,430 or less	18,431 - 23,037	23,038 - 27,644	27,645 - 32,251	32,252 - 36,858	36,859 - 41,465	41,466 - 46,072	46,073 or more
14	19,650 or less	19,651 - 24,562	24,563 - 29,474	29,475 - 34,386	34,387 - 39,298	39,299 - 44,210	44,211 - 49,122	49,123 or more
15	20,870 or less	20,871 - 26,087	26,088 - 31,304	31,305 - 36,521	36,522 - 41,738	41,739 - 46,955	46,956 - 52,172	52,173 or more
DISCOUNT GROUP	A	B	C	D	E	F	G	H
CLIENT COST								
TYPE OF SERVICE VISIT								

Marital Serology	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00
Multiple Blood Spec.	1.00	2.00	3.00	5.00	5.50	6.00	6.50	7.00
Single Blood Specimen *	1.00	1.75	2.50	3.00	3.50	4.00	4.50	5.00
Treatment Injection	1.00	1.75	2.50	3.00	3.50	4.00	4.50	5.00
Cardiovascular Screening **	2.50	3.00	4.50	5.00	5.50	6.00	6.50	7.00
Blood Pressure Reading	1.00	1.00	1.00	1.00	1.25	1.50	1.75	2.00
Home Nursing Visit	-0-	20.00	25.00	28.00	31.00	34.00	37.00	40.00
Home Health Aide Visits	-0-	12.00	13.00	14.00	17.00	20.00	23.00	25.00
Copy Death Certificate	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Septic Tank Permit	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00
Office Visit Medical Patient	15.00	For All Medicaid Eligible People						

Supplies for Home Nursing care patients charged at 15% plus cost.

- Diabetics who receive free Insulin will not be charged for blood sugar specimen, neither will patients be charged for initial Diabetic screening.
 - First CVD screening free - charge for repeat screening