

APPROVED  
BY ORANGE COUNTY BOARD  
OF COUNTY COMMISSIONERS  
AUG 20 2013 NP/BS

**RESOLUTION**  
*of the*  
**ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS**  
*Regarding*  
**CERTAIN SERVICES FEES CHARGED BY ORANGE COUNTY  
GOVERNMENT**

**Resolution No. 2013-M-28**

**WHEREAS**, the Board of County Commissioners has authority by law to enact and, from time to time, amend fees charged by the Orange County Health Department for various services rendered to the public; and

**WHEREAS**, Orange County can legally charge a fee for such services that captures the reasonable cost associated with administrative, personal services, operating, capital, and overhead to provide that service; and

**WHEREAS**, the Orange County Health Department has conducted studies to determine reasonable costs, and certain fees should be changed as a result of said studies; and

**WHEREAS**, such studies recommended the addition of certain new fees to the existing fee schedule in order to establish pricing that covers the costs of providing services, or reduces the subsidization of certain services by county tax payers; and

**WHEREAS**, the County's Office of Management and Budget recommends that the Board approve the revisions to the schedule of fees as to services rendered or for which application is made on or after October 1, 2013;

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ORANGE COUNTY:**

**Section 1.** The Board of County Commissioners of Orange County hereby approves the schedule of fees attached hereto as "Exhibit A" and thereby amends the existing fee schedule and establishes new fees to become effective as to services rendered on or after October 1, 2013.

**Section 2.** This Resolution shall take effect immediately, however the rates established hereby shall take effect on October 1, 2013, or as soon afterward as is practical.

ADOPTED THIS \_\_\_ DAY OF AUG 20 2013, 2013.

ORANGE COUNTY, FLORIDA

By: *Teresa Jacobs*  
Teresa Jacobs  
County Mayor

DATE: B.29.13

Attest: Martha O. Haynie, County Comptroller  
As Clerk of the Board of County Commissioners

BY: *Martha O. Haynie*  
Deputy Clerk





# COUNTY HEALTH DEPARTMENT

**OBJECTIVE:** A state/county partnership to ensure the health of the citizens of Orange County through the provision of various environmental and medical services which include but are not limited to: communicable disease diagnosis and treatment, women’s health and maternity care, family planning, dental services, immunizations, school health services, WIC and vital statistics.

**PHONE:** 407-858-1400

Fees are subject to change based on state guidelines. Florida Statute 154.06(1) states in part... “Fees for primary care services and communicable disease control services may not be less than Medicaid reimbursement rates unless otherwise required by federal or state law or regulation.”

<b><u>NON SLIDING SCALE</u></b>	<b>COST</b>
Replacement Charge for Lost Clinic I.D. Card or Immunization Form .....	\$ 6.00
<b><u>VITAL STATISTICS</u></b>	
<b>BIRTH CERTIFICATE (BC)</b>	
Computer Generated Birth Certificates (Minimum information to be legally binding) .....	\$ 15.00
Photo Copied Birth Certificates (These contain additional info, and are pulled manually from the binders and copied) .....	\$ 21.00
Additional Copy .....	\$ 8.00
<b>DEATH CERTIFICATE</b>	
First Copy .....	\$ 10.00
Additional copies, same document .....	\$ 5.00
RUSH FEE (Fee for expedited handling) .....	\$ 11.00
VALIDATION OF INTERNATIONAL CERTIFICATES .....	\$ 1.00
Back Pack .....	\$ 7.00
Photo for Frame .....	\$ 6.00
Picture Frame .....	\$ 5.00
Plastic Sleeve .....	\$ 5.00

## HEALTH (continued)

### IMMUNIZATIONS

#### COST

Administration fee, per shot, does not include cost of vaccine		
Includes the completion of 2 copies of the Immunization Form.....	\$	21.00
Vaccine (Actual Cost).....	\$	Actual
Required childhood immunizations		
Includes the completion of 2 copies of the Immunization Form.....	\$	No charge
TB Skin Test (PPD), non-case contact or employment purposes .....	\$	10.00
PPD, case contact .....	\$	No charge
Travel Immunization Consultation Fee.....	\$	75.00
Travel Immunization .....	\$	Actual
Completion of DH 680 or equivalent, translation needed .....	\$	15.00
Completion of DH 680 or equivalent, no translation needed .....	\$	10.00
Completion of DH 680 or equivalent, translation needed, original signatures.....	\$	20.00
Completion of DH 680 or equivalent, no translation needed, original signatures.....	\$	15.00
Vaccine Lab Titers .....	\$	Actual

PHARMACY, Dispensing Fee (not including cost of item) .....\$

Medicaid  
(Medicaid Fee for Service Rate)

#### LABORATORY

Environmental Testing.....	\$	Actual
Medical, Clinical or Dental		
Actual Cost or lesser cost based on client eligibility .....	\$	Actual

RADIOLOGY .....\$ Actual  
(Actual cost or lesser cost based on client eligibility)

#### NUTRITION SERVICES

Individual Nutrition Counseling/Medical Nutrition Therapy .....\$ 5.00 co-pay  
to \$62.00 full pay

Community Nutrition Education Classes  
(per person, per session, minimum 16 participants) .....\$ 10.00

Group Home Nutrition Training (per session) .....\$ 124.00

Annual review and approval of cycle menus for institutions and group  
homes by Registered/Licensed Dietitian.....\$ 62.00

Initial review and approval of 2 cycle menus for institutions and group homes  
by a Registered/Licensed Dietitian (total 2 weeks of menus).....\$ 206.00

Creation of cycle menus for institutions and group homes by a Registered/  
Licensed Dietitian (4 weeks of menu creation).....\$ 618.00

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## HEALTH (continued)

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### ENVIRONMENTAL HEALTH

Non-Human Contact rabies testing fee .....	\$	129.00
Septic Program Timed Inspection Fee .....	\$	59.00
Lead Sample Testing Fee (per item) .....	\$	1.00
Meth Lab Remediation and Risk Assessment Fee .....	\$	670.00

### WATER PROGRAM

Well Permit (includes State fee, if applicable).....	\$	105.00
Monitoring/Irrigation Well Permit, per well (includes State fee, if applicable) .....	\$	40.00
Well Abandonment Fee.....	\$	40.00
Commercial Well Permit (includes State fee, if applicable).....	\$	200.00
Bacterial testing of drinking water (includes State fee, if applicable, does not include the laboratory cost) .....	\$	22.00
Lead Nitrate Testing (includes State fee, if applicable) .....	\$	91.00

### COMMERCIAL/MULTI-FAMILY OR INTERIOR ALTERATIONS CONSTRUCTION

Plans Review (includes State fee, if applicable) .....	\$	48.00
Re-Inspection Fee.....	\$	48.00
Plan Correction Fee.....	\$	48.00
Permit Surcharge .....	\$	59.00
Indoor Air Quality and Lead consulting Fee .....	\$	59.00
Commercial Indoor Air Inspection (per hour) .....	\$	59.00
Independent Sports Complex Food Inspection Fee.....	\$	88.00
Group Care Inspection Fee.....	\$	91.00
Late Permit Fee .....	\$	31.00

### MEDICAL/CLINICAL SERVICES

All medical, clinical, or dental services will be charged at the current Medicaid Fee for Service Rate as listed in the Physicians Handbook.

**SLIDING SCALE** – applies to clients that have not opted out of the eligibility process

*NOTE: All non-medical clinic fees may increase on October 1 of each year by the lesser of three percent (3%), or the Consumer Price Index for Urban Consumers. Fees may be rounded to the nearest whole dollar amount.*

## HEALTH (continued)

\* Sliding Fee Scale – means a scale of charges that clients shall be charged for communicable disease and integrated family health services. The fee scale for these services is based on the poverty guidelines published by the Federal Office of Management and Budget, and shall progress in increments as outlined in Florida Administrative Code 10D-121.007(1).

Annual Income Thresholds for each Sliding Fee Discount Class							
	Poverty Level *	120% of Pov. Level	140% of Pov. Level	160% of Pov. Level	180% of Pov. Level	200% of Pov. Level	Over 200%
	No Fee	17% of fee	33% of fee	50% of fee	67% of fee	83% of fee	100% of fee
Family of 1	\$11,490	\$13,788	\$16,086	\$18,384	\$20,682	\$22,980	\$22,981
Family of 2	\$15,510	\$18,612	\$21,714	\$24,816	\$27,918	\$31,020	\$31,021
Family of 3	\$19,530	\$23,436	\$27,342	\$31,248	\$35,154	\$39,060	\$39,061
Family of 4	\$23,550	\$28,260	\$32,970	\$37,680	\$42,390	\$47,100	\$47,101
Family of 5	\$27,570	\$33,084	\$38,598	\$44,112	\$49,626	\$55,140	\$55,141
Family of 6	\$31,590	\$37,908	\$44,226	\$50,544	\$56,862	\$63,180	\$63,181
Family of 7	\$35,610	\$42,732	\$49,854	\$56,976	\$64,098	\$71,220	\$71,221
Family of 8	\$39,630	\$47,556	\$55,482	\$63,408	\$71,334	\$79,260	\$79,261
For each additional person, add:	\$4,020	\$4,824	\$5,628	\$6,432	\$7,236	\$8,040	\$8,041

**NOTES:**

\* The table shown is just an example, based on Based on 2013 HHS poverty Guidelines for NET INCOME. (<http://aspe.hhs.gov/poverty/13poverty.cfm>)

This scale will change as dictated by Florida Statute s. 154.011, (1), (c), 7, and also Florida Administrative Code 64F-16 Laboratory, pharmacy, and radiology charges may be added separately to the clinic visit charge, but must be charged on the sliding fee scale.

Fees will not be charged for WIC certification. WIC benefits, or childhood immunizations required for school. Fees will not be charged for Medicaid reimbursable services for clients enrolled in Medicaid.