	0%	25%	50%	75%	100%		
	A	B	C	D	E		
VACCINATIONS							
VFC no charge for vaccine/ admin only							
	0.00	3.75	7.50	11.00	14.75		
Private Vaccine Admin already added / Only Flu & FP fees will slide							
Influenza Intramuscular	15.00	18.75	22.50	26.25	30.00		
Influenza Intradermal	15.00	18.75	22.50	26.25	30.00		
Influenza Intramuscular Split Dose	11.50	14.50	17.25	20.25	23.00		
Influenza Intranasal	15.00	18.75	22.50	26.25	30.00		
Influenza High Dose					45.00		
Tdap (Adacel)					57.00		
DTaP (Daptacel)					42.00		
MMR (MMRII)					66.00		
Td (Decavac)					38.00		
IPV (IPOL)					43.00		
Dtap/IPV (Kinrix)					60.00		
Hib (ActHib)					42.00		
Hepatitis B Ped (Age 0-19) (Engerix)					30.00		
Hepatitis B (Adult age 20 and over) (Recombivax)					49.00		
DTaP/HBV/IPV (Pediarix)					79.00		
Pneu conj 13 (Prevnar)					131.00		
Varicella (Varivax)					102.00		
MCV4 (Menactra)					125.00		
DTaP/HIB/IPV (Pentacel)					96.00		
Pneumonia (Pneumovax 23)					69.00		
MMR/Varicella					150.00		
HAV/HBV (Adult age 18 & over) (Twinrix)					66.00		
Hepatitis A (Child age 12 mo. thru age 18) (Havrix)					35.00		
Hepatitis A (Adult age 19 and older) (Havrix)					41.00		
Zoster (Zostavax)					180.00		
Rotavirus (Rotateq)					90.00		
HPV (Gardasil)					154.00		
PPD (TB Skin Test)							
TB Skin Test (Other) (Tubersol)	0.00	5.25	10.50	15.75	21.00		
TB Skin Test (EPI) (Tubersol)	0.00	0.00	0.00	0.00	0.00		
FAMILY PLANNING/STD CHARGES							
Physical Exams/Screenings							
FP Initial Exam	0.00	31.25	62.50	93.75	125.00		
FP Annual Exam	0.00	18.75	37.50	56.25	75.00		
FP 3-Month Check	0.00	6.25	12.50	18.75	25.00		
FP Management	0.00	10.00	20.00	30.00	40.00		
General Counseling - Contraceptive	0.00	6.25	12.50	18.75	25.00		
Pregnancy Screening	0.00	6.25	12.50	18.75	25.00		
STD Screening/Counseling RN only	0.00	6.25	12.50	18.75	25.00		
STD Exam ARNP only	0.00	13.75	27.50	41.25	55.00		
HIV Assessment/Counseling	0.00	6.25	12.50	18.75	25.00		
RH Nurse Visit	0.00	6.25	12.50	18.75	25.00		
APRN Visit	0.00	8.75	17.50	26.25	35.00		
Depo-provera Injection Visit	0.00	6.25	12.50	18.75	25.00		

	0%	25%	50%	75%	100%		
	A	B	C	D	E		
Laboratory Testing/Collection							
Chlamydia/Gonorrhea Culture	0.00	3.75	7.50	11.25	15.00		
Hemoglobin	0.00	1.25	2.50	3.75	5.00		
Pap Smear	0.00	2.50	5.00	7.50	10.00		
Pregnancy Test	0.00	2.75	5.50	8.25	11.00		
Routine Venipuncture	0.00	5.00	10.00	15.00	20.00		
Glucose Screening	0.00	0.75	1.50	2.25	3.00		
Urinalysis (Dip)	0.00	1.25	2.50	3.75	5.00		
Birth Control Methods							
Pill Pick-up	0.00	4.25	8.50	12.75	17.00		
Condoms (package of 6)	0.00	0.45	0.90	1.35	1.80		
Foam (Delfen)	0.00	1.50	3.00	4.50	6.00		
Lo Ovral (per 28 Tab Cycle)	Fees for contraceptives are determined by 340B pricing set up in KIPHS						
Ortho Tri-Cyclen (per 28 tab cycle)							
Micronor (per 28 tab cycle)							
Depo-provera (cost of drug only)							
Nuva Ring							
Medications							
Metronidazole 500 mg (per pill)							
MATERNAL/CHILD HEALTH							
Breast Pump Rental Program							
Six Month Rental	0.00	5.00	10.00	15.00	20.00		
Six Month Rental Extension	0.00	5.00	10.00	15.00	20.00		
Breastfeeding Kits	0.00	3.75	7.50	11.25	15.00		
Breast Shields	0.00	1.00	2.00	3.00	4.00		
Physicals Exams/Screenings							
Daycare Physical	0.00	9.75	19.50	29.25	39.00		
With Headstart approval only Headstart Physical		44.00	44.00	44.00	44.00		
School Entry Physical	0.00	9.75	19.50	29.25	39.00		
Well Child Physical	0.00	9.75	19.50	29.25	39.00		
Hearing Screening	0.00	4.50	9.00	13.50	18.00		
Vision Screening	0.00	2.75	5.50	8.25	11.00		
Dietary Consult	0.00	15.50	31.00	46.50	62.00		
Fluoride Varnish	0.00	4.75	9.50	14.25	19.00		
Nurse Visit	0.00	6.25	12.50	18.75	25.00		
Laboratory Testing/Collection							
Blood Lead Draw	0.00	0.50	1.00	1.25	1.50		
Swab	0.00	2.75	5.50	8.25	11.00		
Hemoglobin	0.00	1.25	2.50	3.75	5.00		
Urinalysis (Dip)	0.00	1.25	2.50	3.75	5.00		
Pregnancy Test	0.00	2.75	5.50	8.25	11.00		
Glucose Screening	0.00	0.75	1.50	2.25	3.00		
Head Lice Check	0.00	1.50	3.00	4.50	6.00		
Medications							
Prenatal Vitamins	Fees for vitamins are determined by 340B pricing set up in KIPHS						

	0%	25%	50%	75%	100%		
	A	B	C	D	E		
ADULT/PUBLIC HEALTH							
Nurse Visit	0.00	6.25	12.50	18.75	25.00		
APRN Visit	0.00	8.75	17.50	26.25	35.00		
Senior Health Screening					40.00		
HV County Employee Physical					55.00		
HV County Employee Physical Follow-up Consult					17.00		
Venipuncture DNA	0.00	5.50	11.00	16.50	22.00		
HepB/Venipuncture	0.00	5.50	11.00	16.50	22.00		
Allergy Injection 1 only					16.00		
Allergy Injection additional over 1					16.00		
Nutritional Consultation	0.00	17.00	34.00	51.00	68.00		
Nutritional Consultation Follow-Up	0.00	6.25	12.50	18.75	25.00		
Hearing Screening	0.00	4.50	9.00	13.50	18.00		
Laboratory Testing/Collection							
Urinalysis (Dip)	0.00	2.50	5.00	7.50	10.00		
Lead Screen	0.00	2.00	4.00	6.00	8.00		
Swab	0.00	2.75	5.50	8.25	11.00		
Hemoglobin	0.00	2.25	4.50	6.75	9.00		
Glucose Screening	0.00	0.75	1.50	2.25	3.00		
Head Lice Check	0.00	1.50	3.00	4.50	6.00		
THE FOLLOWING SERVICES ARE CHARGED AT FLAT RATE AND NOT ON A SLIDING SCALE:							
CHILD CARE LICENSING							
Orientation	Individual	Group	eys of Centers and School-Age Programs				
	45.00	25.00		# of Children		Initial	Annual
Surveys	Initial	Annual		25 or less		198.00	148.00
Licensed Day Care Home	85.00	85.00		26-50		232.00	173.00
Group Day Care Home	95.00	95.00		51-75		265.00	198.00
Preschool (per site)	202.00	148.00		76-100		298.00	223.00
Residential Facility	164.00 + 55.00 per building			101-150		364.00	281.00
				150 or more		431.00	323.00
Other CCL Services							
Compliance Check, Amendments, Name Change,							
Blue Print Consultations, Building Inspections,							
and other services	38.00	for the first hour, 9.50 for each additional quarter hour					
MISCELLANEOUS							
HD Sharps Container Pickup and Drop-Off	14.00						
Drop-Off of Non-HD w/Pickup of HD Container	NC						
Sharps Container (non-HD) Drop Off only	7.00						
Travel Record	2.00						
Copying (per page)	0.10						