

Deschutes County Fee Schedule  
FY 2016

ITEM NO.	DESCRIPTION	FY 2016 Fee (\$)	UNIT	ENACTMENT AUTHORITY	Requested Fee (\$)
<b>Public Health</b>					
HLTH 1	Certified Copy of Birth Certificate-first copy of order	20.00	per order	State of Oregon	
HLTH 2	Certified Copy of Birth Certificate-after first copy of order	15.00	each	State of Oregon	
HLTH 3	Certified Copy of Death Certificate or Abstract-first copy of order	20.00	per order	State of Oregon	
HLTH 4	Certified Copy of Death Certificate or Abstract-after first copy of order	15.00	each	State of Oregon	
HLTH 5	Corrected Certificate Replacement charge after third copy (no charge first 3 copies)	20.00	per order	State of Oregon	
HLTH 6	Vital Records Search	20.00		State of Oregon	
HLTH 7	Birth Abstract Listing for Publication	0.10	per name		
HLTH 8	Page Copy	0.25	per page		
HLTH 9	Release of Information fees for medical record copies (patients requesting personal information will be charged the page copy)	25.00	1-10 pages	State of Oregon	
HLTH 10	Copies (after 10 pages)	0.25	per page		
HLTH 11	Actual postage charges	ACS	per mailing		
HLTH 12	Charge for provider's time to respond to written questions	35.00	per hour		
<b>Note: Most fees are based on sliding scale according to Federal Poverty income guidelines. Consult each program page</b>					
<b>New Patient Office Visits and Well Service Visits</b>					
Fees are charged at actual cost of services based on annual cost analysis. Annual cost analysis is on file for review.					
<b>New Patient - Office Visit</b>					
HLTH 13	Problem focus straightforward	117.00	per visit		
HLTH 14	Expanded straightforward	200.00			
HLTH 15	Detailed Low	289.00			
HLTH 16	Comp Moderate	441.00			
HLTH 17	Comp High	554.00			
<b>Established Patient - Office Visit</b>					
HLTH 18	Incident to Minimal	53.00			
HLTH 19	Problem focus straightforward	117.00			
HLTH 20	Expanded problem focused	194.00			
HLTH 21	Detailed Low	289.00			
HLTH 22	Comp Moderate	389.00			

\*ACS=Acutal Cost of Services

Deschutes County Fee Schedule  
FY 2016

ITEM NO.	DESCRIPTION	FY 2016 Fee (\$)	UNIT	ENACTMENT AUTHORITY	Requested Fee (\$)
	<b>Public Health (continued)</b>				
	<b>Well Services - New Patient</b>				
HLTH 23	12 - 17 year	366.00			
HLTH 24	18 - 19 year	355.00			
HLTH 25	40 - 64 year	411.00			
	<b>Well Services - Established Patient</b>				
HLTH 26	12 - 17 year	312.00			
HLTH 27	18 - 39 year	319.00			
HLTH 28	40 - 64 year	341.00			
	<b>Maternal Child Health Program*</b>			DHS	
	Fees set by State DHS Program are adjusted as DHS adjusts fees. List of current prices is on file for review				
HLTH 29	Initial needs assessment	24.00	visit		
HLTH 30	Case management full	75.00	visit		
HLTH 31	Case management partial	37.00	visit		
HLTH 32	High risk case management full	128.00	visit		
HLTH 33	High risk case management partial	64.00	visit		
HLTH 34	Home assessment	42.00	visit		
HLTH 35	Telephone contact	21.00	each		
HLTH 36	Case management visit	42.00	visit		
HLTH 37	Topical application of fluoride	18.00	each		
	* Fees set by State DHS Program are adjusted as DHS adjust fees.				
	<b>Counseling / Education / Training / Promotion / Consultation / Screening / Referral</b>				
	Fees are charged at actual cost of services based on annual cost analysis				
	*Annual cost analysis is on file for review.				
	**New procedures not included in cost analysis will be billed at minimum Medicaid reimbursement rate plus any additional cost for staff or supplies.				

Deschutes County Fee Schedule

FY 2016

ITEM NO.	DESCRIPTION	FY 2016 Fee (\$)	UNIT	ENACTMENT AUTHORITY	Requested Fee (\$)
	<b>Public Health (continued)</b>				
	<b>Procedures</b>				
	Misc Medical Procedures - medical procedures are charged at actual cost of services based on annual cost analysis.				
	*Annual cost analysis is on file for review.				
	**New procedures not included in cost analysis will be billed at minimum Medicaid reimbursement rate plus any additional cost for staff or supplies.				
HLTH 38	Cervical biopsy	343.00			
HLTH 39	Biopsy of Uterus Lining	292.00			
HLTH 40	Diaphragm fit	163.00			
HLTH 41	Lesion destruction penis cryo	356.00			
HLTH 42	Lesion destruction vulva any	351.00			
HLTH 43	IUD insert	189.00			
HLTH 44	IUD remove	254.00			
HLTH 45	Contraceptive Capsule Insert (Implanon)	377.00			
HLTH 46	Contraceptive Capsule Removal (Implanon)	383.00			
HLTH 47	Contraceptive Capsule Removal and Reinsertion (Implanon)	597.00			
HLTH 48	Non-genital lesion destruction up to 14	295.00			
HLTH 49	Non-genital lesion destruction 15 or more	350.00			
	<b>Visiting Physician</b>				
HLTH 50	Colposcopy w/o biopsy	293.00			
HLTH 51	Colposcopy w/biopsy	384.00			
HLTH 52	Colposcopy of vulva w/o biopsy	317.00			
HLTH 53	Colposcopy of vulva w/biopsy	423.00			
HLTH 54	Vulvar biopsy 1st lesion	221.00			
HLTH 55	Endocervical curettage w/o D&C	411.00			
HLTH 56	Cervical Cryotherapy - simple	306.00			

\*ACS=Acutal Cost of Services

Deschutes County Fee Schedule  
FY 2016

ITEM NO.	DESCRIPTION	FY 2016 Fee (\$)	UNIT	ENACTMENT AUTHORITY	Requested Fee (\$)
	<b>Public Health (continued)</b>				
	<b>Immunizations**</b>				
	Clients eligible for Vaccines for Children Program (VFC) pay only an administrative fee. This admin fee is set by the State and is subject of change				
HLTH 57	Administration fee on first immunization - other than State	50.00		DHS	
HLTH 58	Administration fee on add'l immunization - other than State	27.00		DHS	
HLTH 59	Admin Fee for State and/or each additional immunization	21.96		DHS	
	Fees for clients not eligible for the VFC Program are based on the actual cost of the vaccine plus the admin fee.				
HLTH 60	DTAP	19.51		DHS	
HLTH 61	DTaP / IPV	47.55		DHS	
HLTH 62	HIB	19.21		DHS	
HLTH 63	Polio IPV (Eipv)	27.44		DHS	
HLTH 64	MMR	59.85		DHS	
HLTH 65	MMRV	168.30		DHS	
HLTH 66	Td 7+yrs	22.35		DHS	
HLTH 67	Tdap 11-16 years	33.03		DHS	
HLTH 68	Varicella	104.75		DHS	
HLTH 69	DTAP/HEPB/IPV	68.22		DHS	
HLTH 70	Hep A Peds	20.11		DHS	
HLTH 71	Hep B Ped/adol	14.01		DHS	
HLTH 72	PCV 13	156.75		DHS	
HLTH 73	Rotavirus			DHS	
HLTH 74	Menveo	105.75		DHS	
	<b>Special Programs**</b>				
HLTH 75	Influenza	30.00		DHS	
HLTH 76	Flumist	35.00		DHS	
HLTH 77	IG - only pay admin fee	0.00		DHS	
HLTH 78	HPV Vaccine	142.62	each	DHS	
	<b>Vaccines Not in VFC Program**</b>				
HLTH 79	Hep A/Hep B Adult	58.65		DHS	
HLTH 80	Hep A Adult	30.61		DHS	
HLTH 81	Hep B Adult	36.31		DHS	
HLTH 82	Pneumo - 23	70.21		DHS	
HLTH 83	PPD - TB Test	30.00			
HLTH 84	Antibiotic Injection Administration	27.00			
	** If the cost of the immunization increases during the fiscal year, the Health Department will adjust the price to reflect the actual increase in cost.				

Deschutes County Fee Schedule  
FY 2016

ITEM NO.	DESCRIPTION	FY 2016 Fee (\$)	UNIT	ENACTMENT AUTHORITY	Requested Fee (\$)
	<b>Public Health (continued)</b>				
	<b>Laboratory Processing Specimen</b>				
HLTH 85	Handling fee - varies depending on fee charged from laboratory	15.00 - 30.00	each		
	<b>In-House Testing</b>				
	In-House testing is charged at Actual Cost of Service including supply costs.				
HLTH 86	Glucose blood test	10.00			
HLTH 87	Preg test - urine	10.00			
HLTH 88	Strep test	20.00			
HLTH 89	UA w/o micro test	4.00			
HLTH 90	Wet Mount Test	10.00			
HLTH 91	Wet mount test, KOH	10.00			
HLTH 92	Hemoccult feces screen	5.00			
HLTH 93	HGB test	5.00			
	<b>External Labs</b>				
HLTH 94	Lab fees - actual flow-through price from outside lab	ACS			
	<b>Medication and Lab Charges - Non Title X</b>				
	Charge at cost, no slide, client must pre-pay				
HLTH 95	Other labs and medications	ACS			
	<b>Injections</b>				
HLTH 96	Therapeutic/Antibiotic Injection Administration	27.00			
	<b>Dispensed Medications ***</b>				
	***Medications and drugs are priced at Health Department costs and may be adjusted during the year. A current fee schedule will be on file for review. Cost varies according to specials and amounts purchased.				
	Clients may be eligible for FPEP coverage at no charge for contraception services.				

\*ACS=Acutal Cost of Services

Deschutes County Fee Schedule  
FY 2016

ITEM NO.	DESCRIPTION	FY 2016 Fee (\$)	UNIT	ENACTMENT AUTHORITY	Requested Fee (\$)
	<b>Public Health - Environmental Health Division</b>				
	<b>LICENSES: Food Service</b>				
	<b>Note:</b> A supplementary inspection charge equal to 50% of the annual license fee shall be assessed for each complete inspection required because of failure to meet applicable standards when such complete inspection is performed during the license period in addition to the two semi-annual inspections normally performed. Charges accrued and not paid during the current license period will be added to the license fee for the next license period and will be subject to the late penalties specified. New licensees will not be assessed any surcharges accrued by the previous license holder. Any licensed facility opened in Oct/Nov/Dec will be charged 1/2 fee.				
	<b>Full service restaurant seating:</b>				
HLTH 97	0 - 15	645.00			684.00
HLTH 98	16 - 50	700.00			742.00
HLTH 99	51 - 150	830.00			880.00
HLTH 100	151 and over	930.00			986.00
HLTH 101	Commissary	250.00			265.00
HLTH 102	Warehouse	200.00			212.00
HLTH 103	Limited service	540.00			572.00
	Government Entities - fee is 50% of full service restaurant fees, based on restaurant seating.			Senate Bill 631	
	<b>Mobile Unit Annual Operating License per OAR 333-162-0020</b>				
HLTH 104	Class I	215.00			228.00
HLTH 105	Class II	240.00			254.00
HLTH 106	Class III	300.00			318.00
HLTH 107	Class IV	345.00			366.00
	<b>Temporary Restaurant License</b>				
HLTH 108	Temporary Benevolent: Must show a valid I.R.S. tax exempt I.D. number to qualify	40.00	per event		42.00
HLTH 109	Temporary for Profit	125.00	per event		133.00
HLTH 110	Temporary Prior to Event: Temporary Restaurant Applications must be received at least 7 calendar days before the day the event starts.	80.00	per event		85.00
HLTH 111	Temporary at Event (operating without a license)	200.00	per event		212.00
HLTH 112	Temporary Event - Ice as only non-exempt food	50.00			53.00
HLTH 113	Temporary Event - Events with five or more applicants (received 7 calendar days before the event)	70.00			74.00

Deschutes County Fee Schedule  
FY 2016

ITEM NO.	DESCRIPTION	FY 2016 Fee (\$)	UNIT	ENACTMENT AUTHORITY	Requested Fee (\$)
	<b>Public Health - Environmental Health Division (continued)</b>				
	<b>Intermittent Temporary Restaurant License</b>				
HLTH 114	Intermittent Temporary Benevolent: Must show a valid I.R.S. tax exempt I.D. number to qualify	62.50			66.00
HLTH 115	Seven days or more before event start date	125.00			133.00
HLTH 116	Less than seven days before event start date	150.00			159.00
	<b>Seasonal Temporary Restaurant License</b>				
HLTH 117	Seasonal Benevolent: Must show a valid I.R.S. tax exempt I.D. number to qualify	62.50			66.00
HLTH 118	Seven days or more before event start date	125.00			133.00
HLTH 119	Less than seven days before event start date	150.00			159.00
HLTH 120	Operational Review	85.00			90.00
HLTH 121	Operational Review Benevolent: Must show a valid I.R.S. tax exempt I.D. number to qualify	42.50			45.00
HLTH 122	Re-check fee for Temporary Restaurant	85.00			90.00
	<b>School Cafeteria &amp; Kitchens:</b>				
HLTH 123	School Inspection (production kitchen)	200.00			212.00
HLTH 124	School Inspection (satellite branch)	150.00			159.00
HLTH 125	Bed and breakfast (food facility)	375.00			398.00
	<b>Vending machines (of potentially hazardous foods):</b>				
HLTH 126	1 - 10	120.00			127.00
HLTH 127	11 - 20	160.00			170.00
HLTH 128	21 - 30	200.00			212.00
HLTH 129	31 - 40	240.00			254.40
HLTH 130	41 - 50	280.00			296.40
HLTH 131	Food handlers certification	10.00			11.00
HLTH 132	Certification card replacement	5.00			5.50
	<b>Review of restaurant plan prior to construction</b>				
HLTH 133	New	500.00			530.00
HLTH 134	Remodel	300.00			318.00
HLTH 135	School cafeteria plan review	500.00			530.00
HLTH 136	Daycare Plan Review	200.00			212.00
HLTH 137	Daycare Remodel Plan	75.00			80.00
HLTH 138	Commissary/Base of Operation	250.00			265.00

\*ACS=Actual Cost of Services

Deschutes County Fee Schedule  
FY 2016

ITEM NO.	DESCRIPTION	FY 2016 Fee (\$)	UNIT	ENACTMENT AUTHORITY	Requested Fee (\$)
	<b>Health Services - Environmental Health Division (continued)</b>				
	<b>Mobile Unit (review of mobile unit plan prior to construction)</b>				
HLTH 139	Class I	215.00			228.00
HLTH 140	Class II	270.00			286.00
HLTH 141	Class III	375.00			398.00
HLTH 142	Class IV	400.00			424.00
HLTH 143	Non-profit organization plan review	250.00			265.00
	<b>Note:</b> A penalty of \$150.00 shall be added if payment is 30 days after the license expiration date. An additional penalty of \$150.00 shall be added on the first day of each succeeding month of delinquency.				
	<b>Tourist facilities:</b>				
HLTH 144	Organizational camp or picnic park	135.00	plus fee for each space		143.00
HLTH 145	Traveler's accommodation	200.00	plus fee for each space		212.00
HLTH 146	Recreation park	135.00	plus fee for each space		143.00
HLTH 147	First 50 spaces	3.00	per space		
HLTH 148	Next 50 spaces	2.00	per space		
HLTH 149	Each space beyond 100	1.00	per space		
	<b>Note:</b> Any person initially licensed under ORA 446.310 to 446.350 for engaging in the recreation park or travelers accommodation business who has failed to renew a license on or before the expiration date is delinquent. <b>If delinquency extends 15 days past the expiration date, a penalty fee of 50% of the annual license fee shall be added. The penalty fee shall be increased by 50% of the license fee on the first day of each succeeding month of delinquency.</b>				
	<b>Swimming pools:</b>				
HLTH 150	License (first public pool, spa, bathhouse)	565.00			599.00
HLTH 151	Second pool or spa (same location)	340.00			360.00
HLTH 152	Additional pools or spas (same location)	280.00			297.00
HLTH 153	Pool plan review fee	460.00			488.00
HLTH 154	Pool construction permit	460.00			488.00
	Surcharges for pools, spas & tourist facilities will be based on the amount set forth by the Oregon Health Division for local govts..	Varies			

Deschutes County Fee Schedule  
FY 2016

ITEM NO.		DESCRIPTION	FY 2016 Fee (\$)	UNIT	ENACTMENT AUTHORITY	Requested Fee (\$)
		<b>Health Services - Environmental Health Division (continued)</b>				
		<b>Miscellaneous:</b>				
HLTH	155	Children's Service: Foster home/day care inspection	175.00			186.00
HLTH	156	Children's Service: Child Care Center Inspection	200.00			212.00
HLTH	157	Fee for licensed facility that requires + two re-check inspections / year	150.00			159.00
HLTH	158	Miscellaneous Inspection or Plan Review	200.00			212.00
HLTH	159	Limited Inspection or Plan Review	ACS			
HLTH	160	Outdoor Mass Gathering	200.00			212.00
HLTH	161	Convenience/Handling Fee (On-line renewal of Food Service license)	Varies	2.5% of transaction amount		
		<b>Note:</b> A penalty of \$150.00 shall be added if payment is 30 days after the license expiration date. An additional penalty of \$150.00 shall be added on the first day of each succeeding month of delinquency.				

\*ACS=Acutal Cost of Services