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**BOARD OF COUNTY COMMISSIONERS  
HILLSBOROUGH COUNTY  
TAMPA, FLORIDA 33601**

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**BOARD POLICY - SECTION NUMBER 03.04.18.00**

**SUBJECT:** FEE SCHEDULE - HILLSBOROUGH COUNTY HEALTH DEPARTMENT

**EFFECTIVE DATE:** APRIL 7, 1988

**SUPERSEDES:** R87-0129

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**Purpose:**

To establish procedures regarding the charging and collection of fees by the Health Department of Hillsborough County.

**Policy:**

It is the policy of the Board of County Commissioners to approve and adopt procedures for the charging and collection of reasonable fees by the Health Department which represent an accurate and reasonable assessment of costs incurred in providing health services.

**Responsibilities:**

It is the responsibility of the Health Department to put into effect the schedule for health services as approved by the Board of County Commissioners.

**Attachment:**

Resolution R-88-0052 Fee Schedule

**Approved By:** Board of County Commissioners  
**Approval Date:** April 6, 1988

**RESOLUTION NO, R88-052**

RESOLUTION ESTABLISHING A CURRENT SCHEDULE OF FEES TO BE COLLECTED BY THE HEALTH DEPARTMENT OF HILLSBOROUGH COUNTY FOR HEALTH SERVICES RENDERED

Upon motion by Commissioner Colon, seconded by a vote of 6 to 0. Commissioners None Voting "No".

**WHEREAS**, on May 20, 1987, the Board of County Commissioners (Board) did adopt Hillsborough County Ordinance 87-13 setting forth the procedures of the Board regarding the charging and collecting of reasonable fees by the Health Department of Hillsborough County (Department) respective to the provision of health services; and

**WHEREAS**, Hillsborough County Ordinance 87-13 provides that any schedule of fees adopted by resolution of the Board shall be subject to a periodic review to insure that said fees continue to represent an accurate and reasonable assessment of the costs incurred by the Department in providing health services, and

**WHEREAS**, there is a need to review the fees adopted by the Board by Resolution on May 20, 1987 due to significant increases in Medicaid reimbursement rates, the need to establish fees for areas where new or expanded services are being provided, the need to revise the primary care definition to comply with a State mandated program and the need to revise fees to coincide with those approved by the State Health Office.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF HILLSBOROUGH COUNTY, FLORIDA IN PUBLIC MEETING ASSEMBLED THIS 6th DAY OF April 1988.**

That pursuant to the provisions of Hillsborough County Ordinance 87-13 and this Resolution, effective March 17, 1988, the Department shall charge and collect those fees set forth in the appended document titled Hillsborough County Health Department Fee Schedule said document containing a Sliding Fee Schedule for use by the Department in determining the appropriateness of prorating or waiving fees regarding low income patients respective to their size of income and size of family; said document being marked "Attachment A" and incorporate as a part of this Resolution by this reference.

**(STATE OF FLORIDA)  
(COUNTY OF HILLSBOROUGH)**

I, RICHARD AKE, Clerk of the Circuit Court and ex Officio Clerk of the Board of County Commissioners of Hillsborough County, Florida, do hereby certify that the above and foregoing Resolution is a true and correct copy of a Resolution adopted by the Board at its regular meeting of April 6, 1988, as same appears of record in Minute Book 143 of the Public Records of Hillsborough County, Florida.

Witness my hand and Official seal this the 13th day of April.

RICHARD AKE, CLERK

BY: Edna L. Fitzpatrick  
Deputy Clerk

## HILLSBOROUGH COUNTY HEALTH DEPARTMENT FEE SCHEDULE

### I. Definitions

The following terms, phrases, and words as used in this fee schedule shall have the meaning given herein:

Abattoir:

Any establishment in which animals are slaughtered or where meat processing, canning, curing, smoking, salting, rendering or other similar operations take place.

Adult Congregate Living Facility:

That type facility as defined by Florida Statute (Currently Section 400.402); said definition bring incorporated as a part of this Resolution.

Food:

Any raw, cooked or processed edible substance, beverage or ingredient used or intended for use in whole or in part for human consumption

Food Facility Plan Reviews:

A review of the proposed equipment and building layout of new and substantially remodeled food outlets, food services establishments, abattoirs and food processing plants.

Food Handler's Certification:

Certification obtained from the Hillsborough County Health Department Pursuant to the successful completion of its course of education and for management personnel concerning principles of sanitation and good personal hygiene designed for the purpose of preventing the spread of infectious disease and illness.

Food Outlet :

Any grocery store, food market, meat market, fruit or vegetable market, food warehouse, refrigerated storage facility, freezer locker and any other place storing or offering unprepared food for sale, including those which are self propelled or otherwise moved from place to place.

Food Processing Plans:

Any commercial building or establishment in which food is processed or otherwise prepared and packaged for human consumption.

Food Services Establishment:

Any restaurant, coffee shop, cafeteria, cafe, drive-in, luncheonette, grill, tea room, oyster bar, sandwich shop, smorgasbord, soda fountain, tavern, bar, cocktail lounge, nightclub, roadside stand, industrial feeding operation, private organization routinely serving the public food unit, catering kitchen, commissary, or other place where prepares food or drink is served or prepared for service to the public with or without charge.

Levels of Visits:

Visits as defined is American Medical Association's Physician's Current Procedural Technology.

Primary Care: Health Services as described in Chapter 100-101.006, F.A.C.

Private Water Source:

A well, spring, cistern or other similar source of water and appurtenance pf piped water for human consumption and other domestic purposes used only by individual family living units including private homes, duplexes and multiple family type buildings of four (4) family units or less.

Public Water Plan Review:

A plan for the establishment of a public water system depicting the basic water distribution system, i.e. water plant or other source.

Septic Tank: A receptacle used as a reservoir for receiving or disposing of sewage waste.

Special Laboratory Tests:

Any specific laboratory test or procedure prescribed by a physician as being necessary to the well being of a patient that cannot be performed by the Hillsborough County health Department; requiring the administration thereof elsewhere.

Special Tests and Procedures:

Any disease specific test or procedure prescribed by a physician as being necessary to the well being of a patient that cannot be performed by the Hillsborough County Health Department; requiring the administration there of elsewhere.

Temporary Food Service Establishment:

Any food service establishment which operates on a fixed location for a temporary period of time in connection with a fair, carnival, circus, public exhibition or other transitory gathering.

**II. Categories Of Provided Health Services And Fees To Be Charged Respective Thereto**

A. Personal Health Services:

\*Note - Fees for Personal health Services identified by the placement of an asterisk preceding the named "Service" shall not be prorated or waived.

1. School/Day Care Health Clinic Visit	Physical exam, lab, diagnosis, immunization an issuance of record, health card or school physical report, (Each visit may include any one or all of the above listed elements based upon medical and clinical facts peculiar to each patient.)	\$ 15.00 per visit.
2. Dental Clinic Procedures	Screening, diagnosis, treatment or preventive procedure ad referral for complicated/ specialty procedures (child or adult).	
	a. Children - Diagnostic	
	1. Examination, history and charting.	\$ 12.00 each.
	2. Recall examination.	\$ 14.00 each.
	3. Emergency oral examination.	\$ 7.00 each.
	4. Consultation.	\$ 16.00 each.
	b. Children - Radiographs	
	1. Interoral.	\$ 30.00 complete series. \$ 4.00 periapical first single film. \$ 2.00 periapical each additional film.
	2. Bitewing.	\$ 6.00 single film. \$ 8.00 two films. \$ 9.00 three films. \$ 10.00 four films \$ 2.00 each additional film.

c. Children - Preventive		
1. Prophylaxis.		\$ 18.00 age 14 or older.
		\$ 13.00 under age 14.
2. Topical application of fluoride.		\$ 25.00 each.
3. Training in Preventive care.		\$ 11.00 each.
4. Sealants.		\$ 16.00 per tooth.
5. Palliative emergency treatment.		\$ 11.00 each.
d. Children - restorative.		
1. Amalgam.		\$ 17.00 one surface.
		\$ 25.00 two surfaces.
		\$ 35.00 three or more surfaces.
2. Pin retention.		\$ 5.00 first pin.
		\$ 2.00 per additional pin.
3. Supernumerary tooth.		\$ 25.00 each.
4. Composite resin.		\$ 18.00 one surface.
		\$ 23.00 two surfaces.
		\$ 28.00 three or more surfaces.
		\$ 55.00 with acid etch.
5. Behavior Management		\$ 22.00 each.
e. Children - Endodontics		
1. Pulp cap.		\$ 11.00 direct.
		\$ 9.00 indirect.
2. Vital pulpotomy		\$ 40.00 Each.
f. Children - Peridontal scaling.		\$ 17.00 per quadrant.
g. Children - extraction.		\$ 20.00 first tooth within each quadrant
		\$ 17.00 each additional tooth within same quadrant.
h. Adult - Initial oral exam.		\$ 12.00 each.
i. Adult - Radiographs.		\$ 30.00 complete series.
		\$ 4.00 periapical single film.
		\$ 2.00 periapical each additional film.
j. Adult - extraction.		\$ 20.00 single tooth.
k. Adult Surgical extraction of erupted tooth.		\$ 36.00 each.
3. Immunization Visit		
a. Administration of vaccine, including records verification for all immunizations other than childhood immunizations required for school admittance or attendance in grades preschool through 12.		\$ 3.00 Per Immunization or record certification.
b. Overseas Immunization		\$ 20.00 per series required.

4. Adult Physical	Physical exam, lab, x-ray diagnosis, referral or record. (Each visit may include any one or all of the above listed elements based upon medical and clinical facts peculiar to each patient.)	\$ 25.00 per visit.
5. Cardiovascular Screening visit	Counseling, lab, EKG, referral or record. (Each visit may include any one or all of the above listed elements based upon medical and clinical facts peculiar to each patient.)	\$ 15.00 per EKG.
		\$ 10.00 per lab. \$ 15.00 per chest x-ray. (all listed service components \$25.00)
6. Tuberculosis Clinic Visit	History, physical, exam, skin test, diagnosis, treatment, referral or record, (Each visit may include any one or all of the above listed elements based upon medical and clinical facts peculiar to each patient.)	\$ 15.00 per visit.
7. Venereal Disease Clinic Visit	Physical exam, lab, diagnosis, treatment, referral, record or screening certificate. (Each visit may include any one or all of the above listed elements based upon medical and clinical facts peculiar to each patient.)	\$ 25.00 per visit.
8. Maternity Clinic Visit	Physical, exam, lab, diagnosis, treatment and referral (admission visit and each revisit billed as full clinic visit). (Each visit may include any one or all of the above listed elements based upon medical and clinical facts peculiar to each patient.)	\$ 50.00 per new patient individual visit.
		\$ 21.50 per established patient individual visit. \$350.00 for routine (low risk) prenatal care package of ten visits. \$450.00 for high risk prenatal and post natal care package of fifteen visits.
9. Pregnancy Test Visit	Pregnancy test and report only.	\$ 5.00 per visit.
10. Primary Care	Physical Exam, basic laboratory services, x-ray, diagnosis, referral, treatment and record.	

	a. New client	
	1. Minimal visit	\$ 5.00 each.
	2. Brief visit	\$ 30.00 each.
	3. Limited visit	\$ 30.00 each.
	4. Intermediate visit	\$ 35.00 each.
	5. Extended visit	\$ 44.50 each.
	6. Comprehensive visit	\$ 50.00 each.
	b. Established client	
	1. Minimal visit	\$ 12.00 each.
	2. Brief visit	\$ 21.50 each.
	3. Limited visit	\$ 21.50 each.
	4. Intermediate visit	\$ 25.00 each.
	5. Extended visit	\$ 30.00 each.
	6. Comprehensive visit.	\$ 45.00 each.
11. *Copy of vital Records	a. Issuance of certified copy computer certification of unsuccessful search of birth certificate.	\$ 7.00 copy or unsuccessful search.  \$ 5.00 each additional copy.
	b. Issuance of certified copy, computer certification or unsuccessful search for death certificate.	\$ 5.00 each.
	c. Verification birth & death certificate.	\$ 5.00 each.
	d. Search for birth/death certificates.	\$ 7.00 first year. \$ 1.00 each additional \$ 25.00 maximum.
	e. Expedited mail request.	\$ 5.00 per request.
	f. Issuance of certified photo-copy of birth or death certificate in addition to or in place of computer certification when available.	\$ 12.00 per request.
12. *Pharmacy Items	The charges to the public for all items purchased by and under the purview of the pharmacy shall be predicated upon the basis of actual cost plus \$3.00 handling and distribution fee for each item purchased.	

13. Special Diagnostic Services	P. Provide level 1 sonogram for pregnancy & fetal heart monitoring; together with other special test as resources and technology permit.	\$ 25.00 per page to maximum of \$16.00.
14. *Copy of Clinic Records	Issue copy of clinic records.	\$ 1.00 per page to maximum of \$16.00.
15. *Special Laboratory Tests	Any uncommon or special test processed by state or commercial laboratory.	\$ 3.00 administrative fee plus fee charged by processing laboratory.
16. *Special tests and Procedures	Any uncommon test or procedure performed by an external activity.	\$ 3.00 administrative fee plus fee charged by activity accomplishing procedure or test.
17. Child Health Screening Visit.	Physical exam, vision test, sickle cell test, other EPSDT screening, lab, diagnosis, immunization, and issuance of record or health card. (Each visit may include any one or all of the above listed elements based upon medical and clinical facts peculiar to each patient.	\$ 30.00 per visit.

B. Environmental Health and Engineering Services:

<u>Service</u>	<u>Elements</u>	<u>Full Fee Amount</u>
1. Food Service Establishment	Annual licensure; including at least 3 additional inspection visits per year.	0-30seats \$ 40.00 per year 31 - 75 seats \$ 70.00 per year. 76-150 seats \$ 90.00 per year. 151-300 seats \$ 140.00 per year. 301 & more \$ 240.00 per year.
2. Food Outlet Permit	Annual Licensure; including at least 3 additional inspections per year.	10,000 sq. ft. or less \$ 50.00 per year. 10,001 sq. ft. or more \$ 100.00 per year.
3. Food Facility Plan Review a. Food Service	Review plan for proposed establishment: Less than 150 seats. More than 150 seats.	\$ 10.00 \$ 20.00
b. Food Outlets	Review plan for proposed establishment: Less than 10,000 sq. ft. More than 10,000 sq. ft.	\$ 10.00 \$ 20.00



<u>Service</u>	<u>Elements</u>	<u>Full Fee Amount</u>
c. Food Processing Plant	Review plan for proposed establishment: Less than 10,000 sq. ft. More than 10,000 sq. ft.	\$ 10.00 \$ 20.00
d. Abattoirs	Review plan for proposed establishment: Less than 10,000 sq. ft. More than 10,000 sq. ft.	\$ 10.00 \$ 20.00
4. Abattoir Permit	Annual licensure; including at least 3 additional inspections per year.	10,000 sq. ft. or less \$ 50.00 per year. 10,001 sq. ft. or more \$ 100.00 per year.
5. Alcoholic Beverage License Permit	Annual licensure; including at least 3 additional inspections per year.	\$ 70.00 per year.
6. Analysis of Private water Sources	Collect sample, laboratory analysis and report.	\$ 25.00 each.
7. Septic Tank Permit	Soil testing and site evaluation.	\$ 50.00 each.
8. Food Handlers Certification	Food service management	\$ 5.00 Per Individual.
9. Public Water Plan Review		
a. Water Supply Supply Availability Treatment Plant	Review of plan for proposed public water supply system and site inspection.	\$ 100.00 (<0.05 MGD). \$ 125.00 (0.05-0.20 MGD). \$ 150.00 (0.20-1.0 MGD). \$ 200.00 (>1.0 MGD).
b. Water Distribution Plan System Review	Same as Above	\$ 110.00 each.
c. Water Supply Availability	Plan review, letter authorizing connection to existing public water system.	\$ 10.00 each.
10. Public Water Site Inspection		
a. Community Water System Site. Inspection & Compliance Samples (Based upon the number of monthly samples required by FAC- Currently FAC Chapter 17-22,105(1)(d)(2J)	Site inspection of water system, Collection of yearly water compliance samples required by DER/DHRS agreement and FAC (currently FAC Chapter 17-22.) Review of monthly operating Bacteriological samples & investigation of complaints.	\$ 15.00 per sample.
b. Non-Community System Site Inspection & Compliance Samples	Site inspection of water system, collection of yearly water compliance samples required by DER/DHRS agreement and FAC (currently FAC Chapters 17-22 & 10D-4), review of monthly operating reports, quarterly bacteriological samples & investigation of complaints.	\$ 35.00 per site.
c. Other Public Water System Site Inspection &	Yearly site inspection of water system collection of yearly water compliance	\$ 35.00 per site.

<u>Service</u>	<u>Elements</u>	<u>Full Fee Amount</u>
Compliance Samples	samples required by DHRS program component & FAC (currently FAC Chapter 10D-4. Review of quarterly bacteriological samples & investigation of complaints.	
d. Well Site/Inspection	Site inspection of new well for public water supply.	\$ 75.00 per site.
e. Public Water Sample	Sample taken and tested by Health department staff at water supply owner's request at time of inspection.	\$ 15.00 per sample.
11. Trailer & Recreational Park Plan Review	Review and approval of plan for proposed location.	\$ 60.00 per plan.
12. Mobile Food Outlet Operating Permit.	Annual Licensure; including at least 3 additional inspections per year.	\$ 25.00 each.
13. Food Processing Plant Permit	Annual licensure; including at least 3 additional inspections per year.	10,000 sq. ft. or less \$ 50.00 per year. over 10,000 sq. ft. \$100,000 per year.
14. Temporary Food Service establishment permit	a. Issue copy of analysis	\$ 5.00 each.
	b. Issue list of establishments	\$ 5.00 first page. \$ 1.00 per page for each additional page.
	c. Issue copy of environmental health or environmental engineering record.	1-10 pages \$ .75 per page. 11 or more pages \$ .50 per page.
15. Radiation Testing	a. Site inspection of land being proposed to be developed.	\$ 75.00 per lot. For adjacent lots tested at same time: (65.00 ea. 2-10 lots) (\$60.00 ea. 11-25 lots) (\$55.00 ea. 26 or more lots.
	b. Monitoring survey.	\$ 75.00 per residence.
	c. Microwave test-field test for oven leakage for non-food establishments or private residence.	\$ 25.00 per establishment. \$ 10.00 additional test at same establishment / residence.
16. Charge of Permit (This category is applicable to the following annual permit): a. Food Service Permit b. Food Outlet Permit c. Abattoir Permit d. Alcoholic Beverage license Permit	Inspection of premises for approval and issuance of revised permit.	\$ 25.00

<u>Service</u>	<u>Elements</u>	<u>Full Fee Amount</u>
e. Food Processing Plant Permit		

(Note: A change permit is required when either the ownership or trade name changes in the case of the above-referenced establishments.)

Effective April 7, 1988

## **Summary of Proposed Revisions to Resolution R87-0129**

Purpose of Revision: Increase locally established fees to parallel Medicaid reimbursement rates, convert language and establish fees for the services. Medicaid reimburses the lower of their fixed rates or the local fee. Medicaid recently increased the rates significantly and our fees should be increased to benefit the new rates. Increases shown below are annualized.

### I. Definitions

Levels of Visits: Provide distinction between services to be provided in primary care patient visits.

Primary Care: Revise definition to agree with state mandated program guidelines.

### II. Categories Of Provided Health Services And Fees To Be Charged Respective Thereto:

#### A. Personal Health Services:

1. School/Day Care health Clinic Visit - Revise title to distinguish between school health physicals, and child health screening clinic visits.  
Revenue impact: none.
2. Dental Clinic Procedures - Revise title to reflect change in fees category and revise fees to appalled new Medicaid reimbursement rates.  
Revenue impact - fees +2,000; Medicaid +3,800
3. Adult Physical - Revised fee to parallel new Medicaid Reimbursement rates.  
Revenue impact: fees +7,000; Medicaid +3,000
4. Chronic Disease Clinic Visit - Service and fees rolled into primary care.  
Revenue impact: none
5. Venereal Disease Clinic Visit - Revise fee to parallel new Medicaid reimbursement rates.  
Revenue impact: +25,000; Medicaid +7,400
6. Maternity Clinic Visit - Revise fee and package to parallel new Medicaid reimbursement rates and prenatal package.  
Revenue impact: Fees +40,000; Medicaid +300,000.
7. Primary Care - Revise fees and elements to comply with state mandated program and parallel new Medicaid reimbursement rates and elements.  
Revenue impact: fees +30,000: Medicaid +300,000.
8. Copy of Vital records - revise fees to eliminate problems in providing change and add new services which have recently become available through computerization of birth and death certificate program.  
Revenue impact: fees -2,000; Medicaid none.
9. Copy of Clinic Records - Revise fee to cover actual costs and parallel prevailing rates.  
Revenue impact: Fees +2,000.
10. Child Health Screening Visit - Establish new service and distinguish between child health screening visit and school health physical visit and establish fee to parallel new Medicaid reimbursement rates.  
Revenue impact: fees +28,000; Medicaid +130,000.

**B. ENVIRONMENTAL HEALTH AND ENGINEERING SERVICES:**

1. Analysis of Private Water Sources - Specify number of samples that may be taken for basic fee.  
Revenue impact: none
2. Public Water Site Inspection - Other Public Water System Site Inspection and Compliance Sample - Correct title to reflect proper terminology.  
Revenue impact: none
3. Copies of Environmental Records - Establish fees to recover costs of providing computer listing of all establishments and cost of providing copies of environmental engineering records for selected establishments.  
Revenue Impact: fees +2,000.
4. Bottled Water Plant Operating Permit - Fee deleted as state has established fee for this service.  
Revenue impact: County -200; State +50.

**III. Sliding Fee Scale used in Conjunction with Payment of fees for Health Services Rendered**

Attachment A - Revised to reflect most recent OMB income poverty guidelines and to revise percent of prorations to conform with HRS sliding fee scale.

Family Size	INCOME LEVEL (ANNUAL)							Presump. Medicaid Eligible	Wic Eligible
	A	B	C	D	E	F	G		
<b>14</b>	34,100 or less	34,101 40,920	40,921 47,740	47,741 54,660	54,661 61,380	61,381 68,200	68,201+	51,150+	63,085+
<b>15</b>	36,240 or less	36,241 43,488	43,489 50,735	50,736 57,984	57,985 65,232	65,233 72,480	72,481+	54,360+	67,044+
*%	0%	17%	33%	50%	67%	83%	100%	150%	185%

of all fee to be paid

**\*WIC eligibility based on gross income**