

**Alachua County FY23/24  
Supplemental  
Schedule of Fees and Charges for Services**



**Prepared by Office of Management & Budget**

## Table Of Contents

<a href="#">Community Support Services: County Health Department (CHD)</a>	<a href="#">3</a>
• <a href="#">Dental</a>	<a href="#">3</a>
• <a href="#">Immunizations</a>	<a href="#">3</a>
• <a href="#">Primary Care Client Fees by Procedure and Fee Group</a>	<a href="#">6</a>
<a href="#">Health Department Clinic Fees</a>	<a href="#">7</a>
<a href="#">Environmental Health</a>	<a href="#">9</a>
<a href="#">Health Department Diabetes Fees</a>	<a href="#">11</a>
<a href="#">Sheriff</a>	<a href="#">12</a>
<a href="#">Public Works</a>	<a href="#">15</a>

## Community Support Services: County Health Department (CHD)

\*Some Services Require an Office Visit  
Administration Fee \$30

### Dental

Activities	Fee
Charged in accordance with current Medicaid FFS rate at 150%	Fee schedule by service available upon request from CHD

**Immunizations: Medicaid does not pay for ADULT immunizations or any immunizations for children that are not required.**

### Childhood Immunizations

No charge for recommended immunizations of children through age 18. All children receiving foreign travel inoculations must be charged according to the fee schedule. List below of childhood immunizations available.

Immunizations
COVID-19 (Minimum age 5 years)
DTaP
Influenza
Kinrix (DTaP-IPV)
Hep A
HIB PRPomp
HPV-9
IPV (Polio injectable)
Men B (Bexsero)
Menquadfi (MCV4)
MMR
MMRV
PCV13
Pediarix (DTaP Hep B, IPV)
Pentacel (DTaP, IPV, HIB)
Rotarix
Td
Vaxelis (DTaP, IPV, HIB, Hep B)
VZV

**Adult Immunizations:** Fee is based on cost of vaccine plus 25% of vaccine cost plus administrative fee. See list below of adult vaccines available (non-foreign travel).

<b>Immunizations</b>	<b>Fees</b>
COVID-19	No Cost Vaccine
Hep A	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Heplisav – B	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Engerix – B	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Hep A/B Twinrix	Cost of Vaccine + 25% of vaccine cost + Administrative fee
HIB	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Influenza	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Jynneos	No Cost Vaccine
Menquadfi (MCV4)	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Men – B (Bexsero)	Cost of Vaccine + 25% of vaccine cost + Administrative fee
MMR	Cost of Vaccine + 25% of vaccine cost + Administrative fee
PCV13	Cost of Vaccine + 25% of vaccine cost + Administrative fee
PCV20	Cost of Vaccine + 25% of vaccine cost + Administrative fee
PPSV23	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Td	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Tdap	Cost of Vaccine + 25% of vaccine cost + Administrative fee
VZV	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Shingrix	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Rabavert (PreRabies & Post Rabies)	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Immune Globulin	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Hep B immune globulin	Cost of Vaccine + 25% of vaccine cost + Administrative fee

**Foreign Travel (FT) Immunizations:** Fee is based on cost of vaccine plus 25% of vaccine cost plus administrative fee. See list below of FT vaccines available.

**Adult FT:**

<b>Immunizations</b>	<b>Fees</b>
IPV (Polio injectable) (FT)	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Japanese Encephalitis (FT)	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Typhoid (Oral) (FT)	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Typhoid (Injectable) (FT)	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Vaxchora (Cholera vaccine, age 2-64 years) (FT)	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Yellow Fever (FT)	Cost of Vaccine + 25% of vaccine cost + Administrative fee

**Children FT**

<b>Immunizations</b>	<b>Fees</b>
Japanese Encephalitis (FT)	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Typhoid (oral minimum age 6 years) (FT)	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Typhoid (Injectable – minimum age 2 years) (FT)	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Vaxchora (Cholera vaccine, minimum age 2 years) (FT)	Cost of Vaccine + 25% of vaccine cost + Administrative fee
Yellow Fever (FT)	Cost of Vaccine + 25% of vaccine cost + Administrative fee

**Other Immunizations Services**

<b>Services</b>	<b>Fee</b>
Foreign Travel Consultation	\$50 per person/\$100 per family (Parents with children 18 and under)
Immunization Booklet Replacement Fee (Yellow book)	\$25.00
Administration of Immune Globlin	\$45.00
DH681 (Religious Exemption Form) Replacement Fee per Copy	\$10.00
680 Replacement Fee	\$10.00
Immunization Record Transfer Fee	\$10/per record

<b>Service</b>	<b>Fee</b>
College Completion Form (Except Santa Fe) *	\$25.00

\*Appointment Required

### Other Services

<b>Services</b>	<b>Fees</b>
Antibody Titer (Measles, Rubella)	Lab Cost + Admin Fee
Antibody Titer (Rabies)	Lab Cost + Admin Fee
Anti-HBS (Hepatitis B Antibody)	Lab Cost + Admin Fee
Body piercing Annual renewal training (4hrs + lab)	\$100/participant
Cryo/Chemical Treatment of Genital Warts	\$25.00
Diabetic Teaching	Lab Cost + Admin Fee
HBs Ag (Hepatitis Antigen)	Lab Cost + Admin Fee
Foreign Travel COVID 19 Test	\$50.00 Consult Fee + Admin Fee + Cost of Test
Lead Testing	Lab Cost + Admin Fee
Lyme Disease/Ehrlichiosis/RMSF/Q Fever	Lab Cost + Admin Fee
Pregnancy Test HCG (Urine)	Included in cost of visit
RPR (Syphilis Test)	Included in cost of visit
B-12/Allergy Shot (Admin Fee Only)	\$30.00
Hep A Titer	Lab Cost + Admin Fee
Hep C Titer	Lab Cost + Admin Fee
Hepatitis Profile	Lab Cost + Admin Fee
HSV Screening	Lab Cost + Admin Fee
TB Skin Test/PPD	\$20.00
TB Symptom Screening	Included in cost of visit
Varicella Zoster Titer	Lab Cost + Admin Fee
Interferon Gamma Release Assay (TB Test)	\$60.00

### Primary Care Client Fees by Procedure and Fee Group

**Note:** For laboratory and radiological services, clients will pay based on their income according to Federal Guidelines using current provider fee schedule.

### Client Net Income Levels

<b>Income Level</b>	<b>Fee</b>
100% of federal poverty level	Zero Charge
101%-119% of federal poverty level	17% of Current Charge
120%-139% of federal poverty level	33% of Current Charge
140%-159% of federal poverty level	50% of Current Charge
160%-179% of federal poverty level	67% of Current Charge
180%-199% of federal poverty level	83% of Current Charge
Above 200% of federal poverty level	100% of Current Charge

**Clinic Fees:**

<b>Activities</b>	<b>Fee</b>
Office Visit (includes any services not listed below)	Medicare Rate or 150% of Medicaid FFS whichever is greater
Physical Exam (Adult or child) *excluding school entrance	Medicare Rate or 150% of Medicaid FFS whichever is greater
Counseling	Medicare Rate or 150% of Medicaid FFS whichever is greater
Cryo/Chemical Treatment of Genital Warts	Medicare Rate or 150% of Medicaid FFS whichever is greater
EKG	Medicare Rate or 150% of Medicaid FFS whichever is greater
Diaphragm with Fitting	Medicare Rate or 150% of Medicaid FFS whichever is greater
I.U.D. Insert	Medicare Rate or 150% of Medicaid FFS whichever is greater
I.U.D. Removal	Medicare Rate or 150% of Medicaid FFS whichever is greater
Insertion & removal at the same time	Medicare Rate or 150% of Medicaid FFS whichever is greater
Nexplanon Device Insertion Only	Medicare Rate or 150% of Medicaid FFS whichever is greater
Nexplanon Device Removal Only	Medicare Rate or 150% of Medicaid FFS whichever is greater
Norplant Removal	Medicare Rate or 150% of Medicaid FFS whichever is greater
Depo Provera	Included in cost of visit
School Entrance Exam	\$35.00
Sickle Cell Screen for Sports Physical	Included in cost of visit
STD Lab Screening (Asymptomatic without known contact)	\$50.00
Venipuncture (Administrative Fee)	\$30.00

**Note:** Fees (as shown above) are at \$100% of current charge. Fee schedule by service is available upon request from County Health Department.

**Sexually Transmitted Disease:**

**Note:** Fees are based on sliding fee scale (as shown above) except standalone lab screening which are fee for service.

**Vital Statistics**

<b>Activities</b>	<b>Fee</b>
Birth Certificates:	
• Initial Copy	\$15.00
• Additional Copy	\$7.00
• Shipping & Handling for Mail-in Request	\$4.00
• Rush Order	\$10.00
• Overnight Processing	\$21.00 + Rush Fee \$10.00
• Protective Plastic Cover	\$3.00
Death Certificates:	
• Death Certificate Copy	\$10.00
• Shipping & Handling for Mail-in Request	\$4.00
• Rush Order	\$10.00
• Overnight Processing	\$21.00 + Rush Fee \$10.00
• Protective Plastic Cover	\$3.00
Notary Services	\$5.00
Records Copying	\$1.00 per page



**Environmental Health:**

**On Site Sewage Treatment and Disposal System (OSTDS):**

**OSTDS: Program Fees**

**Site Evaluation Only (no permit)**

<b>Activities</b>	<b>Fee</b>
Application/Plan Review	\$100.00
Application (Local CHD Surcharge)	\$55.00
Site Evaluation	\$115.00
<b>Total</b>	<b>\$270.00</b>

**New System Permit**

<b>Activities</b>	<b>Fee</b>
OSTDS Construction Application and Plan Review, New	\$100.00
OSTDS Construction Site Evaluation	\$115.00
OSTDS Construction Permit (New or Mod, Amendment)	\$55.00
OSTDS Construction System Inspection	\$75.00
OSTDS Construction System Inspection Research Fee	\$5.00
Application (Local CHD Surcharge)	\$55.00
Timed Inspection (Local CHD Surcharge)	\$45.00
<b>Total</b>	<b>\$450.00</b>

**Repair Permit**

<b>Activities</b>	<b>Fee</b>
OSTDS Construction Repair or Mod Site Evaluation	\$115.00
OSTDS Construction System Inspection	\$75.00
OSTDS Construction System Inspection Research Fee	\$5.00
OSTDS Construction Application & Existing System	\$55.00
OSTDS Construction Application & Existing System	\$50.00
<b>Total</b>	<b>\$300.00</b>

**OSTDS Abandonment**

<b>Activities</b>	<b>Fee</b>
Existing Application	\$50.00
Application County Surcharge	\$55.00
<b>Total</b>	<b>\$105.00</b>

**Existing Residential Non-Bedroom Addition**

<b>Activities</b>	<b>Fee</b>
Existing Application	\$35.00
Application County Surcharge	\$55.00
<b>Total</b>	<b>\$90.00</b>

**Water Program Fees**

<b>Activities</b>	<b>Fee</b>
Sample Collection Fee	\$50.00
Bacteriological Analysis per Sample	\$25.00
Well Survey for Site Assessment	\$200.00 for ¼ mile \$800.00 for ½ mile \$1,600.00 for 1 mile

**Development Review Committee Plan Review for Each**

<b>Activities</b>	<b>Fee</b>
Development or Phase	\$50.00

**Group Care Facilities**

<b>Activities</b>	<b>Fee</b>
Private school inspection Annual Operating Permit (AOP) and Public Schools without Food Service	\$100.00

**Other Fees**

<b>Activities</b>	<b>Fee</b>
Late Renewal Fee for All Environmental Health Programs	\$25.00
Re-Inspection for Noncompliance: Tanning Salons and Mobile Home Parks and Swimming Pools	\$40.00
Plan Review Fee for Environmental Health Facilities with no State Fee	\$40.00
Biomedical Waster Container	\$5.00/container

**Client Fees for Diabetes Self-Management Education (DSME) and Medical Nutrition Therapy (MNT) Services for Department of Health - Alachua County**

*\*Some services Require an Office Visit*

<b>HCPCS Code</b>	<b>Short Description</b>	<b>Non-Facility Rate</b>	<b>1.5 Times Allowable</b>
<b>G0108</b>	<b>Diabetes Mgmt. trn per Individual</b>	<b>\$54.13</b>	<b>\$81.16</b>
<b>G0109</b>	<b>Diabetes Mgmt. trn per Individual/Group</b>	<b>\$15.33</b>	<b>\$23.00</b>
<b>G0270</b>	<b>Mgmt. Subs tx for Change dx</b>	<b>\$31.35</b>	<b>\$47.03</b>
<b>G0271</b>	<b>Group Mgmt. 2 or more mins.</b>	<b>\$16.61</b>	<b>\$24.92</b>
<b>G0447</b>	<b>Behavior counsel Obesity 15 mins.</b>	<b>\$25.82</b>	<b>\$38.73</b>
<b>G0473</b>	<b>Group Behavioral Counseling 2-10</b>	<b>\$12.43</b>	<b>\$18.65</b>
<b>97802</b>	<b>Medical Nutrition Individual in</b>	<b>\$35.97</b>	<b>\$53.96</b>
<b>97803</b>	<b>Medical Nutrition Individual subseq</b>	<b>\$31.35</b>	<b>\$47.03</b>
<b>97804</b>	<b>Medical Nutrition Group</b>	<b>\$16.61</b>	<b>\$24.92</b>
<b>99490</b>	<b>Chronic Care Mgmt. Service 20 mins.</b>	<b>\$62.18</b>	<b>\$93.27</b>

The above services involve client education regarding the management of diabetes and other conditions, including but not limited to, chronic kidney disease, HIV, obesity, dyslipidemia, hypertension, congestive heart failure, food allergies/intolerance, gastrointestinal disorders, and weight management. The fees have been selected commensurate with other Department of Health facilities who offer the same services.

## Sheriff

### Fleet:

Activities	Fee
Vehicle Safety Violation Ticket Inspection	\$4.00 each

### Records

Activities	Fee
Copies – one sided	\$0.15/page
Copies – double sided	\$0.20/page
Concealed Weapon Permit Fingerprinting	\$5.00 each

### Civil

Activities	Fee
Non-Enforceable Process	\$40.00
Out of State Non-Enforceable Process	\$40.00
Sheriff's Levy	\$50.00
Processing Fee	\$40.00
Preparations of Newspaper Ad	\$40.00
Conducting Sheriff's Sale	\$40.00
Bill of Sale of Sheriff's Deed	\$40.00
Satisfaction of Judgement	\$40.00
Writs of Replevin/Attachment	\$90.00 each

### Extra Duty (3 Hour Minimum) 30.2905 F.S.

Activities	Fee
Deputy	\$62.50/hour
Sergeant	\$77.50/hour
Lieutenant	\$95.00/hour
Field Service Technician	\$41.75/hour

### Impoundment of Livestock Running At Large: 588.18 F.S.

Activities	Fee
Impound Fee	\$50.00 each
Mileage Fee	IRS Standard Mileage
Feed/Care Fee	\$5.00/day/animal
Disposition Fee	\$5.00 each
Dart Fee	\$15.00 each

## Alarm Permit Annual Fees

### Fire Alarm Permits:

Activities	Fee
City Annual Fee	\$21.00 each
City Reinstatement after Revocation	\$74.00 each
County Annual Fee	\$21.00 each
County Reinstatement after Revocation	\$74.00 each

### Burglar Alarm Permits

Activities	Fee
City Annual Fee	\$25.00 each
City Reinstatement after Revocation	\$77.75 each
County Annual Fee	\$25.00 each
County Reinstatement after Revocation	\$77.75 each

### False Alarms Fines

#### City Fire (Gainesville Fire Rescue)

Activities	Fee
First Alarm	\$0.00 each
Second Alarm	\$173.75 each
Third & Fourth Alarm	\$231.50 each
Fifth, Sixth, & Seventh Alarm	\$463.00 each
Eighth, Ninth, and Tenth Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted	\$926.00 each
Alarm with Non-Permitted System	\$295.50 each
Unpermitted fine reduced (pending eligibility)	\$241.00 each

#### City Burglar (Gainesville Police Department):

Activities	Fee
First Alarm	\$0.00 each
Second, Third, and Fourth Alarm	\$80.50 each
Fifth and Sixth Alarm	\$155.25 each
Seventh and Eighth Alarm	\$310.25 each
Ninth and Tenth Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted	\$619.25 each
Alarm with Non-Permitted System	\$310.25 each
Unpermitted fine reduced (pending eligibility)	\$154.50 each

**County Fire (Alachua County Fire Rescue):**

<b>Activities</b>	<b>Fee</b>
First Alarm	\$0.00 each
Second Alarm	\$173.75each
Third and Fourth Alarm	\$231.50 each
Fifth, Sixth, and Seventh Alarm	\$463.00 each
Eighth, Ninth, and Tenth Alarm Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted	\$926.00 each
Alarm with Non-Permitted System	\$295.50 each
Unpermitted fine reduced (pending eligibility)	\$241.00 each

**County Burglar (Alachua County Sheriff's Office):**

<b>Activities</b>	<b>Fee</b>
First Alarm	\$0.00 each
Second, Third and Fourth Alarm	\$80.50 each
Fifth and Sixth Alarm	\$155.25 each
Seventh and Eighth Alarm	\$310.25 each
Ninth and Tenth Tenth alarm in a single year the permit will be revoked and will be considered Non-Permitted	\$619.25 each
Alarm with Non-Permitted System	\$310.25 each
Unpermitted fine reduced (pending eligibility)	\$154.50 each

**Jail**

<b>Activities</b>	<b>Fee</b>
U.S. Marshal Inmate Housing (Maybe remove)	\$57.23/day
Private Transport Company Inmate Housing	\$57.23/day

**Note:** Sheriff's Office fees as submitted in the Sheriff's Certified Budget. Amounts subject to change.

## Public Works

### Wireless Collection Fees

Activities	Fee
Collocation of a small wireless facility on an Authorized Utility Pole	\$150 per pole per year