STATE OF INDIANA

BEFORE THE BOARD OF CLARK COUNTY COMMISSIONERS

AN ORDINANCE ESTABLISHING SERVICE FEES FOR THE CLARK COUNTY HEALTH DEPARTMENT

WHEREAS, this Board of Commissioners of Clark County, Indiana (this "Board"), is the executive body of Clark County government pursuant to the provisions of I.C. 36-2-2-2; and,

WHEREAS, this Board is also the legislative body of Clark County government pursuant to the provisions of I.C. 36-1-2-9; and,

WHEREAS, the Clark County Health Department ("Department") provides services to Clark County; and,

WHEREAS, the Department is managed by the Clark County Board of Health, which may adopt procedural rules for guidance and to establish administrative and personnel policies of the local health department that are consistent with the administrative operating policy of the appointing authority (I.C. 16-20-1-3); and,

WHEREAS, the Clark County Board of Health may, with the approval of the county or city executive, establish and collect fees for specific services and records established by local ordinances and state law; and,

WHEREAS, the fees may not exceed the cost of services provided; and,

WHEREAS, on June 27, 2012, during their public meeting, the Clark County Board of Health passed a motion requesting this Board to accept the fee schedule attached hereto and the ability to make future changes to the fee structure.

NOW, THEREFORE, BE IT ORDAINED by this Board of Clark County Commissioners as follows:

- 1. The fee schedule attached hereto shall be granted and is considered the base rate for any future fee schedule increases.
- 2. The fees are not to exceed the cost of services and the Clark County Board of Health is to comply with I.C. 16-20-1-27.
- 3. The Clark County Board of Health shall be granted the ability to make necessary changes to the fee schedule. However, future increases in the fee schedule exceeding one hundred dollars (\$100.00) from the base rate will take this Board's approval.
- 4. This Ordinance shall be in full force and effect upon its passage and promulgation as evidenced by the affirmative signatures of the undersigned as the majority of the duly elected and serving members of this Board.

So Ordained this 28th day of February, 2013.

Members voting "NO":

Jack Coffman, Commissioner

Rick Stephenson, Commissioner

Rick Stephenson, Commissioner

John Perkins, Commissioner

John Perkins, Commissioner

Attested by:

R. Monty Snelling, Clark County Auditor

Vital Records		
	Birth Certificate	\$10.00
	Death Certificate	\$11.00
	Corrections, Geneology	\$5.00
	Paternity Affidavit	\$20.00
Landfill and Solid Waste	Processing Facility Permit	\$500.00
Solid Waste Transporter	s Permit Fee	\$500.00
On-Site Sewage Disposa	Systems	
	Application Fee	\$25.00
	Delinquent Fee	\$50.00
	New Construction Permit (NCP)	\$75.00
	Repair Permit	\$50.00
	Existing/Home Loan Inspection	\$50.00
	NCP Re-Inspection	\$20.00
	Engineer Design Review	\$50.00
	Subdivision Plan Review	
	1-5 Lots	\$50.00
	6-10 Lots	\$100.00
	11-20 Lots	\$200.00
	21-30 Lots	\$300.00
	31-40 Lots	. \$400.00
	41+ Lots	\$500.00
On-Site Sewage Disposal	System Installer's Permit	\$50.00
Swimming Books Woding	Pools, and Recreational Water Facilities	
Swimming Pools, wading	New Facility & Plan Review	\$200.000
	Swimming Pool Permit	\$200.00
	Wading Pool/Spa	\$100.00
	Recreational Water Facility	\$50.00 \$100.00
	necreational water Facility	\$100.00
Potable Water Transport	ers Permit Stamn	\$30.00
Totable Water Transport	ers remite stamp	\$30.00
Retail Food Establishmer	ts & Mobile Food Dispensing Units	
	Retail Food Estabilishments	
	RFE/1 1-5 Emple	oyees \$100.00
	RFE/2 6-9 Emplo	
	RFE/3 10+ Empl	
	RFE/4 Farmers I	— i — — — — — — — — —
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·	Municipalities, school corporation	
	exempt from the Indiana gross inc	
	I.C.6-2. 1-3-20 thru 22	No Charge

	Mobile Retail Food Establishments & Dispensing Units					
		RFE/MF1 under 1000 lbs.	\$25.00			
		RFE/MF2 over 1000 lbs.	\$50.00			
	Temporary Retai	Temporary Retail Food Estabilishments				
		RFE/TMP1 1-3 days	\$20.00			
		RFE/TMP2 4-7 days	\$30.00			
		RFE/TMP3 8-14 days	\$40.00			
	Late Fees					
,		30 days past due	\$25.00			
		60 days past due	\$50.00			
		Temporary Food Establishment	\$10.00			
	Follow-Up Inspection Fee New Establishment & Plan Review Fee		\$20.00			
			\$150.00			
Vending Machines						
	# of Machines	Annual Fee	First Year Fee			
	1-5	\$20.00	\$10.00			
	6-10	\$40.00	\$20.00			
	11-25	\$90.00	\$45.00			
	26-50	\$180.00	\$90.00			
	51-100	\$280.00	\$140.00			
	101-200	\$400.00	\$200.00			
	201+	\$500.00	\$250.00			

<u>Service</u>	<u>Fee</u>					
VFC Immunizations	Donations- \$2.00					
Self Pay Immuntizations	\$9.00 administration/immunization fee + Vaccine cost					
Travel Immunizations	\$9.00 administration	 00 max/visit + \	Vaccine cos	l st		
TB Test	\$5.00					

<u>Services Rendered</u>	<u>Fees</u>	100-150%	<u>175%</u>	<u>185%</u>	200%	250%	Medicaid Billed
New Pregnancy/Indital Appt.	\$32.00	\$35.00	\$35.00	\$35.00	\$35.00	\$40.00	\$150.00
Pregnancy/Follow-Up	\$18.00	\$20.00	\$20.00	\$20.00	\$20.00	\$25.00	\$70.00
Consult Appointment	\$20.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$50.00
Nursing Consult	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$15.00	\$50.00
Mirena IUD	\$650.00	\$800.00	\$800.00	\$800.00	\$800.00	\$800.00	
Mirena Insertion	\$50.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	
Mirena Removal	\$50.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$75.00
Depo Provera Injection	\$45.00	\$50.00	\$50.00	\$50.00	\$50.00	\$55.00	\$95.00
Staple Removal	\$32.00	\$30.00	\$30.00	\$30.00	\$30.00	\$35.00	
Pap Test	\$50.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	N/A
Urine Pregnancy Test	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	
HCG Blood Testing	\$15.00	\$20.00	\$20.00	\$20.00	\$20.00	\$25.00	
New Patient Labs	\$125.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	
3RD Timester Labs	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$65.00	N/A
3 Hour Glucose Screen	\$45.00	\$50.00	\$50.00	\$50.00	\$50.00	\$55.00	
Urine Culture	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$20.00	N/A
GBS Culture	\$18.00	\$20.00	\$20.00	\$20.00	\$20.00	\$25.00	\$20.00
AFP Profile	\$175.00	\$200.00	\$200.00	\$200.00	\$200.00	\$205.00	
Cystic Fibrosis Panel	\$225.00	\$350.00	\$350.00	\$350.00	\$350.00	\$355.00	
GC/CT Test of Cure	\$25.00	\$30.00	\$30.00	\$30.00	\$30.00	\$35.00	
Wet Mount	\$0.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	·