

ORDINANCE NO. 2017-2

**AN ORDINANCE ESTABLISHING**  
**SCHEDULE OF FEES COLLECTION**  
**FOR THE DAVIESS COUNTY HEALTH DEPARTMENT**

An ordinance of the Board of County Commissioners, Daviess County, Indiana, providing for the Daviess County Board of Health to Establish and collect fees for services as authorized by IC 16-20-1-27.

BE IT ORDAINED by the Board of Commissioners of Daviess County, State of Indiana, that:

**Section I.** The Daviess County Board of Health is empowered to establish and collect fees in accord with the following definitions and provisions.

**Section II.** Definitions: The following definitions shall apply in the interpretation and enforcement of this Ordinance:

- A. The term "Board" as used herein shall mean the Daviess County Board of Health as provided for in IC 16-20-2.
- B. The term "Health Officer" shall mean the county Health Officer as provided for in IC 16-20-2-16.
- C. The term "authorized representative" shall mean an Agent in principal of the board and health officer as provided in IC 16-20-1-14.
- D. The term "person" shall mean any individual, partnership, co-partnership, firm, company, corporation or association.

**Section III.** Fees for Services

The Board of Health may, with the approval of the Daviess County Commissioners, establish and collect fees for specific services and records established by local ordinances and state law. However, fees may not exceed the cost of services provided.

- A. Fees Exemptions: Fees may be exempted for community partners, corporations, organizations or individuals on a case-by-case basis as determined by the Health Officer in conjunction with Department Staff. Exemptions will be determined, as necessary, when the potential for on-the-job exposure is at a higher risk than that of the general public; when a public health emergency is declared, resulting in an increased risk of potential disease transmission; when on-going medical evaluation is required due to a potential exposure incident; or for other reasons determined necessary for the prevention of disease transmission to the general public.

#### Section IV. Fees Schedule

The Board of Health shall establish a fees schedule in accordance with provisions of this ordinance. The fees schedule shall be periodically reviewed and amended at the request of the Health Officer as necessary to compensate for the changes in costs associated with services provided. Any amendments to the fees schedule must be approved by the Daviess County Commissioners pursuant to IC 16-20-2-27

A. The fees schedule as established by the Board shall be a separate attached document in accordance with this section of the ordinance and shall be made a part thereof of this ordinance. It shall contain all relevant fees as associated with the services provided by the Daviess County Health Department; all fees established in separate ordinances pertaining to the specific services provided are hereby repealed; the remainder of those separate ordinances shall not be affected thereby and shall remain in full force and effect.

**B. Disposition of Fees: All fees collected by the board shall be transferred to the Daviess County Health Fund pursuant to IC 16-20-1-27; except for those fees collected through public health services, which shall be receipted into the County Health Fund in accordance to IC 16-46-10-4. The Commissioners and the Board are in agreement that the monies collected in accordance with the provisions of this Ordinance are only to be used for the maintenance or future expansion of the Daviess County immunization program and Board of Health Services.**

2. Except where otherwise specified, any defined term in this Ordinance shall have the definition given to it in Ordinance No. 2016- . This order shall be in full force from and after its passing and publication.

C. Health Service—Fees—Other County health jurisdictions: Fees collected for health services provided to individuals in other county health jurisdictions and involving payment from county tax revenue shall be collected in accord with an agreement pursuant to IC 16-20-1-27.

#### Section V. Unconstitutionality Clause

Should any section, paragraph, sentence, clause, or phase of this Ordinance be declared unconstitutional or invalid for any reason, the remainder of said Ordinance shall not be affected thereby and shall remain in full force and effect.

**Section VI.** Repeal and Date of Effect

- A. All Ordinances and parts of Ordinances in conflict With this Ordinance are hereby repealed, and this Ordinance shall be in full force and effect Immediately upon its adoption and its publication as provided by law.

Passed and adopted by the Commissioners of Daviess County, State of Indiana, on the 22 day of August 2017.

DAVIESS COUNTY COMMISSIONERS

By Nathan Gabhart  
Nathan Gabhart

By Michael Taylor  
Michael Taylor

By Tom McCracken  
Tom McCracken

ATTEST:

Patty Ball  
Patty Ball, Daviess County Auditor

<b>IMMUNIZATION ADMINISTRATION</b>			
		PROCEDURE CODE	FEE
Immunization administration, 1 vaccine (single or combination vaccine/toxoid)	<input type="checkbox"/>	90471	20
each additional vaccine (single or combination vaccine/toxoid)	<input type="checkbox"/>	90472	20
Immunization administration by intranasal or oral route, 1 vaccine (single or combination vaccine/toxoid)	<input type="checkbox"/>	90473	20
each additional intranasal or oral vaccine administration (single or combination vaccine/toxoid)	<input type="checkbox"/>	90474	20
Administration of Influenza vaccination (MEDICARE ONLY)	<input type="checkbox"/>	G0008	20
Administration of Pneumococcal vaccination (MEDICARE ONLY) PCV 23	<input type="checkbox"/>	G0009	20
Administration of Hepatitis B vaccination (MEDICARE ONLY)	<input type="checkbox"/>	G0010	20

<b>IMMUNIZATIONS</b>					
VACCINE PRODUCT	VACCINE COMPONENTS		CPT	ICD-10	FEE
Rotarix	Rotavirus	<input type="checkbox"/>	90681	Z23	125
Pediarix	Dtap - HepB - IPV	<input type="checkbox"/>	90723	Z23	
Haemophilus B Conjugate	Hib	<input type="checkbox"/>	90648	Z23	35
Prevnar-13	Pneumococcal	<input type="checkbox"/>	90670	Z23	
Polio	IPV	<input type="checkbox"/>	90713	Z23	40
Dtap	Dtap	<input type="checkbox"/>	90700	Z23	40
Hepatitis A PEDIATRIC	Hep A	<input type="checkbox"/>	90633	Z23	
Hepatitis B PEDIATRIC	HepB	<input type="checkbox"/>	90744	Z23	
Dtap and IPV	Dtap - IPV	<input type="checkbox"/>	90696	Z23	65
MMR II	Measles, mumps, rubella	<input type="checkbox"/>	90707	Z23	80
Varivax	Varicella	<input type="checkbox"/>	90716	Z23	
ProQuad	MMR-Varicella	<input type="checkbox"/>	90710	Z23	200
Tdap	Tdap	<input type="checkbox"/>	90715	Z23	
Meningococcal	Meningococcal	<input type="checkbox"/>	90734	Z23	
Meningococcal B	Meningococcal B (Bexsero)	<input type="checkbox"/>	90620	Z23	170
Gardasil 9	HPV 9	<input type="checkbox"/>	90651	Z23	200
Tetanus Diphtheria	Tetanus Diphtheria	<input type="checkbox"/>	90714	Z23	60
Hepatitis A ADULT	Hep A	<input type="checkbox"/>	90632	Z23	53
Hepatitis B ADULT	HepB	<input type="checkbox"/>	90746	Z23	
Twinrix ADULT	Hep A - HepB	<input type="checkbox"/>	90636	Z23	85
Fluzone, age 6 months to 35 months	Influenza	<input type="checkbox"/>	90685	Z23	30
Quadrivalent 3 years +	Influenza	<input type="checkbox"/>	90686	Z23	25
High Dose	Influenza	<input type="checkbox"/>	90662	Z23	
Pneumo-vax 23	Pneumococcal	<input type="checkbox"/>	90732	Z23	100
Imovax	Rabies	<input type="checkbox"/>	90675	Z23	300
Typhoid	Typhim Vi	<input type="checkbox"/>	90691	Z23	100
Hiberix	HIB	<input type="checkbox"/>	90648	Z23	35
Zostavax	Zoster/Shingles	<input type="checkbox"/>	90736	Z23	240

**Daviess County Health Department**  
**303 East Hefron Street**  
**Washington, IN 47501**  
**(812)254-8666**

**NPI: 1295025161**

## **DAVISS COUNTY HEALTH DEPARTMENT FEES SCHEDULE**

Fees schedule established and collected in accordance with Section IV-A of Daviess County Ordinance Number 2017- and made a part thereof of said ordinance.

### **Vital Records Services:**

Birth Certificate Reg. Size	\$10.00
Birth Certificate Wallet size	\$10.00
Additional Birth Cert. Protective Sleeve	\$2.00
Death Certificate	\$10.00
Paternity Affidavit	\$10.00
Paternity Upon Marriage	\$10.00
Affidavit of Amendment	\$10.00
Copies for Genealogy (Death Certificates)	\$5.00

### **Environmental Health Services:**

Septic System Inspection	\$50.00
Septic System Application	\$25.00
Septic System Permit	\$75.00
Septic Installer Cert. Application	\$100.00
Septic Installer Certification	\$25.00 (annual)
Water Sample Collections	\$35.00
Tattoo/Body Piercing Parlor Permit	\$200.00 (annual)
Tattoo/Body Piercing Artist Permit	\$50.00 (annual)
Temp./Mobile Tattoo/Body Piercing Permit (5 day maximum per single event)	\$500.00
Retail Food Service Permit	\$ 100.00
Late Fee for Retail Food Service Permit (submitted/postmarked after January 10 of the year due)	\$ 100.00
Retail Food Service Permit After July 1 <sup>st</sup> only	\$50.00 New Permit
Mobile Food Service Permit	\$75.00 annual
Plan Review	\$75.00
Bed & Breakfast Permit	\$35.00 annual
Temporary Food Service Permit (14 day maximum or single event)	\$50.00
Late Fee for Temporary Food Service Permit (if not received 1 week prior to start date)	\$50.00

### **Public Health Services:**

Immunization Record	Free
Mantoux test	\$15.00
DeBug Lice Treatment - Small bottle	\$6.00 or current market price
Large bottle w/comb market price	\$14.00 or current

Small bottle w/comb market price	\$6.00 or current
Oil market price	\$5.00 or current
Lice Comb market price	\$3.00 or current
Community Educational Courses:	
CPR	\$ [REDACTED] or current market price
[REDACTED]	[REDACTED]
Adult First Aid /CPR	\$60.00 or current market price
Safe Sitter Course	\$35.00 or current market price
Blood borne Pathogen Training	\$10.00 or current market price
TB Course	\$25.00 or current market price
TB course Recertification	\$15.00 or current market price
TB Replacement Card	\$7.00 or current market price
Sexually Transmitted Disease/Infection Testing	\$25.00 or hardship scale
STD/STI treatment	\$10.00 or hardship scale