

**ROCKINGHAM COUNTY
FEE SCHEDULE**

Below are the fee charges that will be adopted as part of this budget. All fees are effective July 1, 2011. The fee increases requested by the departments are in bold type.

CODE ENFORCEMENT

Building Inspection Fees

\$ 1.00 - \$ 2,000.00	\$ 15.00
\$ 2,001.00 - \$ 50,000.00	3.00 / M
\$ 50,001.00 - \$ 100,000.00	2.25 / M
\$ 100,001.00 +	1.50 / M

All construction cost estimates are based on the Square Foot Construction Costs table as currently published by the International Code Council.

Modular Home Permits

Fee based on same schedule used for residential construction.

Heating & Cooling Permits

Residential:

Gas logs	\$ 40.00
Floor furnaces	40.00
Space heaters	40.00
Wall heaters	40.00
All other units less than 100,000 BTU output	40.00

Non-Residential:

½ of 1% of total cost of mechanical contract

Demolition Permit

Residential	\$ 30.00
Commercial	100.00

Plumbing Permits

Residential:

Each fixture	\$ 6.00
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Non residential:

½ of 1% of total cost of plumbing contract

Electrical Permits

Rough-In	\$ 40.00
Final	40.00
Residential:	
100 amp	40.00
150 amp	40.00
200 amp	40.00
Commercial:	
100 amp	50.00
150 amp	50.00
200 amp	50.00
Three Phase Service:	
100 amp	45.00
150 amp	60.00
200 amp	60.00
300 amp	75.00
400 amp	90.00
400 amp+	100.00
Temporary Saw Service	40.00
Line-to-Main	
Residential	40.00
Commercial	100.00
All other electric/reconnect	40.00
Non-Residential:	
½ of 1% of total cost of electrical contract	

Manufactured Home Permits

Single side mobile home	150.00
Double wide mobile home	200.00
<u>Miscellaneous Inspection Fees</u>	
Minimum fee for any inspection	40.00
Inspections for State licensing (ABC & Daycare)	100.00
ABC Zoning compliance	40.00
Zoning permits	40.00
Rezoning application	350.00

Miscellaneous Inspection Fees (continued)

Special use application	350.00
Text amendment	350.00
Floodplain development permit application	40.00
Variance application	350.00
Communication Tower – Consultant Review	3,500.00
Communication Tower – Administrative Review	1,500.00
Stream Delineation (Cape Fear River Basin) – Base Fee	600.00
Stream Delineation (Cape Fear River Basin) – Plus Acreage Fee	25.00 per acre
Application for Stormwater Permit (Cape Fear River Basin) Base Fee	500.00
Application for Stormwater Permit (CFRB) – Plus BMP Device Fee	350.00
Application for Stormwater Permit (CFRB) – Resubmittal Fee	500.00 (See Note)
Note: If a notification of disapproval is issued pursuant to receipt and review of a permit application by the County, the applicant may resubmit a revised plan within 30 working days of the disapproval without paying an additional application review fee. However, if the revised plan is submitted after 30 days, or if the first resubmittal is disapproved, then the resubmittal fee shall be paid for each subsequent resubmittal.	
Appeals to Board of Adjustment	350.00
Vested Rights Application	350.00
Major subdivisions	150.00 plus \$ 40.00 per lot
Minor subdivisions	75.00 plus \$30.00 per lot
Secondary subdivisions	40.00
Re-inspection fees (1 free re-inspection per permit)	\$ 50.00 1 st trip \$ 50.00 2 nd trip 100.00 3 rd trip
Road signs	250.00
Photocopies and computer printing (New rate)	0.15 per page
Returned Check Fee	\$ 25.00

Persons who begin construction prior to purchasing proper permits will be charged a fee equal to twice the usual amount for that permit.

SANITARY LANDFILL

Municipal solid waste	\$ 36 / ton **
Clean construction and demolition (Clean wood and inert debris)	21 / ton
Mixed construction and demolition (Mixed loads of material)	38 / ton **
Shingles	38 / ton **
Household waste, trash (individual vehicles) Includes new \$2.00 per ton tax	9.00 / load
Special waste	76 / ton **
Animal remains (by size)	\$ 2 small 5 medium 20 large
Approved scrap tires for disposal (Must have prior approval and correct documentation)	NO CHARGE
Scrap tires not approved for free disposal	
Passenger size tires	\$.66 ea. or \$65.30/ton*
Tractor trailer tires	\$ 65.30/ton*
Farm equipment / heavy equipment tires	\$ 65.30/ton*

* Subject to change due to escalation clause for diesel fuel under conditions as specified in contract
** The new N. C. Solid Waste Disposal Tax effective 7-1-08 is not included. Tax will be collected
At a rate of \$2.00 per ton in addition to listed tipping fees.

Rims	\$.50 passenger 2.00 truck 3.00 farm equipment 10.00 heavy equipment
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White Goods/Scrap Metal NO CHARGE

Yard Trash Not accepted for disposal

911 Communications

911 and miscellaneous tapes made	\$10.00 /each
Reports	5.00/ each

Water and Sewer

Water:

Tap Cost ¾"

\$600.00

Greater than ¾"

Cost plus 20% (Min. \$600.00)

Capacity Fee ¾" – 1"

\$1,000.00

Greater than 1"

\$1,000.00 per inch

Fixed Fee per Meter Size (Monthly)

¾" (Old Rate: \$13.20)

\$13.90

1" (Old Rate: \$39.60)

\$41.60

2" (Old Rate: \$330.00)

\$346.50

3" (Old Rate: \$605.00)

\$635.30

4" (Old Rate: \$990.00)

\$1,039.50

6" (Old Rate: \$2,200.00)

\$2,310.00

Unit cost per 1000 gallons (Old Rate: \$5.88)

\$6.60

Sewer:

Tap Cost 4"

\$1,200.00

Capacity Fee ¾" – 1" water meter

\$1,000.00

Greater than 1" water meter

\$1,000.00 per inch

Fixed Fee per Meter Size (Monthly):

¾" (Old Rate: \$8.00)

\$8.40

1" (Old Rate: \$19.50)

\$20.50

2" (Old Rate: \$32.00)

\$33.60

3" (Old Rate: \$37.50)

\$39.40

4" (Old Rate: \$49.50)

\$52.00

6" (Old Rate: \$61.50)

\$64.60

Schools and Governmental Customers:

First 15,000 gallons/month (Old Rate: \$5.78 per 1000/gal)

\$6.35 per 1000/gal usage

Over 15,000 gallons/month (Old Rate: \$22.20 per 1000/gal)

\$23.31 per 1000/gal usage

All Other Customers:

First 15,000 gallons/month (Old Rate: \$5.78 per 1000/gal)

\$6.35 per 1000/gal usage

Over 15,000 gallons/month (Old Rate: \$8.95 per 1000/gal)

\$9.85 per 1000/gal usage

Flat fees are determined by size of the user's water meter regardless of provider of water service. Meter size relates to amount of potential capacity the customer may use. The flat fee charge is intended to recoup the capital outlay cost of providing that capacity. A large customer base would be required for this flat fee to provide a significant contribution to these capital costs.

Library

Video & DVD rentals	\$ 1.00 / day With \$5.00 maximum
AV Equipment	\$ 1.00 / day With \$10.00 maximum
Juvenile books	\$.10 / day
Adult books	\$.10 / day
Replacement library card	\$ 2.00
Ear Buds	\$ 2.00
Computer printouts	black/white \$.25 / page Color \$.25 / page
Copies	\$.25 / page
Interlibrary loans	\$ 4.00 / transaction
Microfilm reader/printer	\$.25 / page
Vera Holland Community Center	security dep. \$100.00 Rental fee \$ 30.00
Meeting room fee	\$ 25.00 deposit
Fax machine	Incoming \$.25 per page Outgoing \$.25 per page To local toll-free numbers
	Long Distance \$ 1.00 per page
	International \$ 5.00 page 1 -3 \$ 1.00 pages after



**ROCKINGHAM COUNTY
DEPARTMENT OF EMERGENCY SERVICES**

Emergency Medical Services • Fire Marshal-Emergency Management • 911 Communications
 336.634.3006 • 336.634.3014 336.634.3017 • 336.634.3300
 336.634.3008 fax 336.634.3002 fax 336.634.3311 fax

PO Box 86
Wentworth, North Carolina 27375

April 18, 2011

EMS Proposed
Fee Schedule 2011-2012

Specific Service Charge	RCEMS Current Rate	2011 Medicare Allowable	EMS Management Recommended Rate	RCEMS Proposed Rate
ALS II Comprehensive Transport	\$ 675.00	\$576.63	\$ 720.79	\$720.79
ALS Emergency Transport	\$ 475.00	\$ 398.40	\$ 498.00	\$ 498.00
ALS Non Emergency Transport	\$ 375.00	\$ 251.62	\$ 314.53	\$ 375.00
Specialty Care Transport	\$ 750.00	\$681.47	\$ 851.84	\$ 800.00
BLS Emergency Transport	\$ 390.00	\$335.49	\$ 419.36	\$ 390.00
BLS Non Emergency Transport	\$ 275.00	\$209.68	\$ 262.10	\$ 275.00
Mileage	\$10.50	\$10.40	\$13.00	\$ 11.50
Medicaid Round Trip	\$ 500.00	N/A	N/A	\$ 500.00
Stand By per hour Charge	\$ 150.00	N/A	N/A	\$ 150.00
Treatment / No Transport <u>Pharmaceuticals Used</u>	\$ 125.00	N/A	N/A	\$ 150.00
Treatment / Asst No Transport	\$75.00	N/A	N/A	\$ 75.00
Waiting Charge (1 st 30 min no charge) Each additional 15mins	\$25.00	N/A	N/A	\$ 25.00

ROCKINGHAM COUNTY DEPARTMENT OF PUBLIC HEALTH

FEES - EFFECTIVE APRIL 1, 2011

<u>SERVICE DESCRIPTION</u>	<u>CPT</u>	<u>RCDPH RATES</u>	<u>MEDICAID RATES</u>
ESTABLISHED PATIENT LEVEL 1	99211	\$42.00	\$34.16
ESTABLISHED PATIENT LEVEL 2	99212	\$69.00	\$56.93
ESTABLISHED PATIENT LEVEL 3	99213	\$90.00	\$78.66
ESTABLISHED PATIENT LEVEL 4	99214	\$135.00	\$122.13
ESTABLISHED PATIENT LEVEL 5	99215	\$210.00	\$182.16
NEW PATIENT LEVEL 1	99201	\$75.00	\$62.10
NEW PATIENT LEVEL 2	99202	\$105.00	\$93.15
NEW PATIENT LEVEL 3	99203	\$145.00	\$132.48
NEW PATIENT LEVEL 4	99204	\$220.00	\$194.58
NEW PATIENT LEVEL 5	99205	\$280.00	\$244.26
EST PT WELL CHECK AGE 0-1	99391	\$110.00	
EST PT WELL CHECK AGE 0-1	99391EP	\$110.00	\$90.00
EST PT WELL CHECK AGE 1-4	99392	\$115.00	
EST PT WELL CHECK AGE 1-4	99392EP	\$115.00	\$90.00
EST PT WELL CHECK AGE 5-11	99393	\$145.00	
EST PT WELL CHECK AGE 5-11	99393EP	\$145.00	\$90.00
EST PT WELL CHECK AGE 12-17	99394	\$165.00	
EST PT WELL CHECK AGE 12-17	99394EP	\$165.00	\$90.00
EST PT WELL CHECK AGE 12-17	99394FP	\$165.00	\$146.00
EST PT WELL CHECK AGE 18-39	99395	\$165.00	\$142.00
EST PT WELL CHECK AGE 18-39	99395EP	\$165.00	\$90.00
EST PT WELL CHECK AGE 18-39	99395FP	\$165.00	\$142.00
EST PT WELL CHECK AGE 40-64	99396	\$175.00	\$158.00
EST PT WELL CHECK AGE 40-64	99396FP	\$175.00	\$158.00
EST PT WELL CHECK AGE 65->	99397	\$195.00	\$175.00
NEW PT WELL CHECK AGE 0-1	99381	\$115.00	
NEW PT WELL CHECK AGE 0-1	99381EP	\$115.00	\$90.00
NEW PT WELL CHECK AGE 1-4	99382	\$120.00	
NEW PT WELL CHECK AGE 1-4	99382EP	\$120.00	\$90.00
NEW PT WELL CHECK AGE 5-11	99383	\$165.00	
NEW PT WELL CHECK AGE 5-11	99383EP	\$165.00	\$90.00
NEW PT WELL CHECK AGE 12-17	99384	\$185.00	
NEW PT WELL CHECK AGE 12-17	99384EP	\$185.00	\$90.00
NEW PT WELL CHECK AGE 12-17	99384FP	\$185.00	\$96.83
NEW PT WELL CHECK AGE 18-39	99385	\$185.00	\$167.00
NEW PT WELL CHECK AGE 18-39	99385EP	\$185.00	\$90.00
NEW PT WELL CHECK AGE 18-39	99385FP	\$185.00	\$167.00
NEW PT WELL CHECK AGE 40-64	99386	\$215.00	\$199.00
NEW PT WELL CHECK AGE 40-64	99386FP	\$215.00	\$199.00
NEW PT WELL CHECK AGE 65->	99387	\$230.00	\$215.00
BLOOD SUGAR (PRIMARY CARE ONLY)	82948	\$10.00	\$4.43
CHLAMYDIA TRACHOMATIS (DNA)	87491		\$34.26
CHOLESTEROL (PRIMARY CARE ONLY)	82465	\$10.00	\$6.08
COLPOSCOPY W/BIOPSY	57454	\$250.00	\$131.34
COLPOSCOPY W/O BIOPSY	57452	\$160.00	\$92.96
CRYOSURGERY	57511	\$175.00	\$123.52
DEPO PROVERA	J1055	\$60.00	\$40.50
DIAPHRAGM FITTING & INSTRUCT	57170	\$95.00	\$59.24
EARWASH/REMOVAL CERUMEN	69210	\$75.00	\$40.69
EKG	93000	\$60.00	\$18.52
ENDOMETRIAL BIOPSY	58100	\$135.00	\$94.04
FLU MIST	90660	\$30.00	\$22.03
FLU VACCINE (MEDICARE \$12.10)	90658	\$12.10	\$12.10
FLU VACCINE ADM (MEDICARE \$17.65)(90471 OR 90472)	G0008	\$17.65	\$17.65
FINGER, VEIN, HEEL STICK(MEDICAID G0001) drawing blood for syphilis, HEP-B, HIV	36415	\$8.00	\$3.00
GARDASIL VACCINE	90649	\$238.58	\$140.79
GONORRHEA CULTURE	87081	\$25.00	\$8.06
GONORRHEA NEISSERIA (DNA)	87590		\$28.02
GONORRHEA PROBE	87591	\$42.00	\$34.26
HANDLING & CONVEYANCE	99000	\$18.00	
HEARING SCREENING AIR ONLY	92551	\$8.58	\$8.58
HEMATOCRIT (SPUN)	85013	\$5.00	\$3.31

SERVICE DESCRIPTION	CPT	RCDPH	MEDICAID
		RATES	RATES
HEMOCCULT STOOL-SINGLE	82270	\$10.00	\$4.54
HEMOCCULT STOOL-SERIES	82274	\$25.00	\$22.22
HEMOGLOBIN	85018	\$12.00	\$3.31
HEPATITIS A VACCINE (FLAT RATE)	90632	\$70.00	\$45.81
HEPATITIS B VACCINE (FLAT RATE)	90746	\$70.00	\$57.26
HIV POST TEST COUNSELING	86701		\$12.41
I & D CYST/SIMPLE/SINGLE ABCESS	10060	\$115.00	\$86.16
I & D CYST/COMPLICATED MULTIPLE	10061	\$175.00	\$148.14
IMPLANON IMPLANT	J7307	\$726.04	\$637.79
Insertion, non-biodegradable drug delivery implant (Implanon) must bill with J7307	11981FP	\$125.38	\$109.90
Removal, non-biodegradable drug delivery implant	11982FP	\$145.87	\$126.82
Removal, w/ reinsert, non-biodegrade drug delivery implant (Implanon) must bill with J73070	11983FP	\$219.82	\$192.71
INCISION THROMBOSED HEMORRHOID	46083	\$210.00	\$130.15
INHALATION TREATMENT	94640	\$30.00	\$11.53
IUD REMOVAL	58301	\$120.00	\$82.27
MEDICAL NUTRITION THERAPY (Init ea 15 min)	97802	\$30.00	\$24.72
MEDICAL NUTRITION THERAPY (Subs ea 15 min)	97803	\$30.00	\$21.85
MENINGOCOCCAL VACCINE	90734	\$110.00	\$100.44
MIRENA IUD	J7302	\$535.00	\$407.70
OAE SCREENING (HEARING)	92587	\$65.00	\$33.05
ORAL CONTRACEPTIVES(FEMALES 11-55 YR OLD) (MAX OF 14 PKS PER 365 DAYS)	S4993FP		\$3.35
PAIRING/CUTTING BENIGN LESION(CORN/CALLUS)	11055	\$50.00	\$37.60
PAIRING/CUTTING BENIGN LESION 2-4 (CORN/CALLUS)	11056	\$105.00	\$46.52
PARAGARD IUD	J7300	\$493.70	\$427.50
PNEU VACCINE (MEDICARE \$32.70)	90732	\$32.70	\$27.03
PNEU VAC ADM (MEDICARE \$19.70)(90471 OR 90472)	G0009	\$19.70	\$16.67
PREGNANCY TEST	81025	\$20.00	\$8.84
PREGNANCY TEST(NON F.P.)	81025NF	\$12.00	\$8.84
REMOVAL 1 NAIL PLATE PARTIAL/COMPLETE	11730	\$100.00	\$77.71
REMOVAL ADDIT NAIL PLATE	11732	\$55.00	\$36.06
REMOVAL SKIN TAGS UP TO 15	11200	\$80.00	\$63.98
RTA TEQ (ROTAVIRUS) VACCINE	90680	\$85.00	
SPIROMETRY	94010	\$53.00	\$28.98
STREP SCREEN RAPID	87880	\$25.00	\$16.01
TB SKIN TEST (FLAT RATE WHEN TEST ADM) (DO NOT CHARGE FOR EXPOSURES)	86580	\$15.00	\$6.14
URINALYSIS (DIPSTICK W/ MICRO)	81001	\$10.00	\$4.43
URINALYSIS (DIPSTICK W/O MICRO)	81002	\$10.00	\$3.57
VACCINE ADMIN through 18 yrs of age w/counsel 1st vaccine/toxid component	90460EP	\$25.00	\$14.31
VACCINE ADMIN through 18 yrs of age w/counsel each additional vaccine/toxid component	90461EP	\$15.00	\$7.14
VACCINE ADMIN (ONE) INJECTABLE VACCINE (21Years & Older) - Private Pay Free	90471	\$20.00	\$16.67
VACCINE ADMIN (ONE) INJECTABLE VACCINE (Birth through 20) Medicaid Only ADMIN	90471EP	\$27.42	\$17.25
VACCINE ADMIN (TWO OR MORE) INJECTABLE VACCINES (21 Years & Older) Bill in conjunction with 90471 ADMIN - Private Pay Free	90472	\$10.00	\$9.96
VACCINE ADMIN (TWO OR MORE) INJECTABLE VACCINES (Birth through 20) Bill in conjunction with 90471EP Medicaid Only ADMIN	90472EP	\$10.00	\$9.71
VACCINE ADMIN (ONE) INTRANASAL/ORAL (Birth through 20)	90473EP	\$12.00	\$11.67
VACCINE ADMIN (ONE) INJECTABLE VACCINE AND (ONE) INTRANASAL/ORAL VACCINE (Birth through 20) Bill in conjunction with 90471EP	90474EP	\$8.50	\$8.21
VACCINE ADMIN (TWO OR MORE) INJECTABLE VACCINES AND (ONE) INTRANASAL/ORAL VACCINE (Birth through 20) Bill in conjunction with 90471EP and 90472EP	90474EP	\$8.50	\$8.21
VARIVAX (VARICELLA) VACCINE	90716	\$98.00	\$72.44
WET MOUNT	87210	\$15.00	\$5.33
ORAL EVALUATION for client under 3 yrs. of age & counseling w/ primary caregiver Bill in conjunction with 1206CH	D0145CH		\$38.07
TOPICAL FLUORIDE VARNISH; therapeutic application for moderate to high-caries-risk clients. Bill in conjunction with 0145CH	D1206CH		\$16.80
WCC INITIAL VISIT (billed in units, max 6 per month)	T1017		\$23.61
WCC SUBSEQUENT VISIT (billed in units, max 6 per month)	T1017		\$23.61
MCC HOME VISIT (billed in units, max 6 per month)	T1017		\$23.61
MCC HIGH RISK HOME VISIT (PRENATAL)	T1001		\$88.00
POST PARTUM VISITS (MOM)	99501		\$60.00
POST PARTUM NEWBORN ASSMT (BABY)	99502		\$60.00
CSC VISIT (billed in units, max 6 per month)	T1016		\$17.52

<u>SERVICE DESCRIPTION</u>	<u>CPT</u>	<u>RCDPH RATES</u>	<u>MEDICAID RATES</u>
CHILD HEALTH PERIODIC MEDICAID PHYSICAL EXAM:			
New Patient, Age 0-1	99381EP		\$90.00
New Patient, Age 1-4	99382EP		\$90.00
New Patient, Age 5-11	99383EP		\$90.00
New Patient, Age 12-17	99384EP		\$90.00
New Patient, Age 18-39	99385EP		\$90.00
Established Patient, Age 0-1	99391EP		\$90.00
Established Patient, Age 1-4	99392EP		\$90.00
Established Patient, Age 5-11	99393EP		\$90.00
Established Patient, Age 12-17	99394EP		\$90.00
Established Patient, Age 18-39	99395EP		\$90.00
CHILD HEALTH INTERPERIODIC MEDICAID PHYSICAL EXAM:			
New Patient, Age 0-1	99381EP		\$90.00
New Patient, Age 1-4	99382EP		\$90.00
New Patient, Age 5-11	99383EP		\$90.00
New Patient, Age 12-17	99384EP		\$90.00
New Patient, Age 18-39	99385EP		\$90.00
Established Patient, Age 0-1	99391EP		\$90.00
Established Patient, Age 1-4	99392EP		\$90.00
Established Patient, Age 5-11	99393EP		\$90.00
Established Patient, Age 12-17	99394EP		\$90.00
Established Patient, Age 18-39	99395EP		\$90.00
<u>Excel Feemded 03/01/11 rev/th</u>			

ROCKINGHAM COUNTY DEPARTMENT OF PUBLIC HEALTH
 LABORATORY FEE SCHEDULE (SPECTRUM LABORATORY)
 EFFECTIVE DECEMBER 6, 2010

1005	HGB/HCT	85018, 85014	7.50
2335	Ra Panel	84550, 85652, 86038, 86431	21.75
2390	Iron/Tbc	83550, 83540	10.00
2515	Thy Panel w/ TSH	84436, 84443, 84479	12.60
2905	Anemia Profile	82607, 82746, 83540, 83550, 85045, 85027, 82728	38.00
2935	Vit B12/ Folate	82607, 82746	16.00
3074	THYROID PANEL	84436, 84479	14.50
3706	CP 8II EXE	80053, 80061, 84436, 84443, 84479, 85025	26.86
5990	GC/CT AMP PROBE, GENITAL	87591, 87491	30.75
5995	GC/CT AMP PROBE, URINE	87591, 87491	30.75
8300	CMP AND LIVER	80053, 82248	21.50
10000	CBC NO DIFF (COMP BLD CNT)	85027	4.00
10010	CBC/DIFF	85025	4.00
10040	PLATELET COUNT	85048	6.00
15010	SED RATE	85652	6.00
22000	PROTHROMBIN TIME	85610	5.50
22900	CMP	80053	5.13
22910	BMP	80048	4.75
22930	LP	80061	5.13
22940	HEP PANEL, ACUTE	80074	36.75
22960	LIVER PANEL	80076	4.75
23010	POTASSIUM	84132	3.25
23040	Glucose	82947	8.00
23060	CREATININE	82565	3.25
23070	TOTAL BILIRUBIN	82247	3.50
23100	ALKALINE PHOSPHATASE	84075	3.25
23110	SGOT/AST	84450	3.25
23120	ALT/SBPT	84460	3.25
23170	PHOSPHORUS	84100	3.25
23180	URIC ACID	84550	3.25
23190	LDH	83615	3.25
23200	MAGNESIUM	83735	3.25
23210	AMYLASE	82150	6.75

23215	LIPASE	83690	6.00
23220	Cholesterol	82465	2.00
23265	T4	84436	3.75
23270	T3 UPTAKE	84479	3.75
23280	TSH	84443	5.10
23300	T4, Free	84439	3.75
23310	Iron	83540	5.00
23315	TIBC	83550	5.00
23330	Vit B 12	82607	10.00
23340	Folate	82746	6.00
23350	Ferritin	82728	4.00
23375	HEMOGLOBIN A1C	83036	8.50
23378	HEMOGLOBIN A1C W EAVG GLU	83036	8.50
23380	Carbamaz, Tegretol	80156	14.00
23400	PHENYTOIN	80185	14.00
23460	Phenobarb	80184	14.00
23560	HEPATITIS B SURFACE AB	87340	14.00
23570	ANTI-HBC	86704	14.00
23590	HEP B SURFACE AB	86706	14.00
23620	HEPATITIS C ANTIBODY	83803	27.00
23650	HEPATITIS B SURF AB, QNT	86706	14.00
23670	FSH	83001	14.50
23780	PSA	84153	8.25
23781	PSA, MEDICARE	80103	8.25
23890	RA FACTOR	86431	7.50
23895	PREGNANCY, SERUM QVAL	84703	6.00
23897	HCG QUANT	84702	12.25
23900	ANA	86038	5.00
23930	LYME DISEASE IGG IGM RFLX	86618 x 2	30.75
23933	VARICELLA ZOSTER AB, IGG	86787	17.50
23935	Hpylori Ab, IgG	86677	10.00
23970	Rubella Anti	86762	10.00
23980	MONO SCREEN	86308	9.75
24065	MICROALBUMIN	82043	14.50
32370	T3 UPTAKE	84479	3.75
59020	INSULIN, RANDOM	83525	10.00
59021	INSULIN, FASTING	83525	10.00
65000	URINALYSIS REFLEX	81003	4.75
70010	CULTURE, URINE	87076	14.50
70015	CULTURE, URINE DB	87086	14.50
70060	Culture Throat	87081	8.00

70200	CULTURE, ABCESS	87070, 87205	16.50
70240	CULTURE, BLOOD	87040	18.25
70650	GASP	87650	8.00
70660	GROUP B STREP PRB	87081, 87149	8.00
71030	MIC	87186	5.50
81070	HSV 1	86695	15.00
81071	HSV 2	86696	15.00
83630	HIV	86703	12.00
83780	LEAD, BLOOD	83655	12.75
85050	ROCKY MTN SPOT FEV, G/M	86757 x 2	48.75
85710	CRP, HIGH SENSITIVITY	86141	104.25
85810	Vit D 25	82306	25.00
86523	HPV High	87621	70.00
86573	Cyto Fluid	88160	55.00

OCCUPATIONAL HEALTH SERVICES

<u>Service</u>	<u>Current Fee</u>
Hourly Professional Fees	\$ 40.00
Health Risk Appraisal	\$ 3.00
Diabetes	\$ 10.00
Cholesterol	\$ 10.00
Colon Cancer	\$ 5.00
Flu	\$ 29.75 per person
Pneumonia	\$ 52.40 per person
Hepatitis B (Administration Only)	\$ 7.00
Tuberculosis Testing (For selected population only)	\$ 15.00

**Rockingham County Department of Public Health
Dental Clinic**

**Master Fee Schedule
Effective October 1, 2009**

<u>ADA Code</u>	<u>Description</u>	<u>Our Charge</u>	<u>MCD Rate</u>
D0150	Initial Oral Exam, new or established	\$55.00	\$44.61
D0120	Recall Exam	\$32.00	\$25.79
D0140	Limited Oral Evaluation	\$52.00	\$36.76
D0170	Re-evaluation-limited, problem focused	\$60.00	\$28.73
D0210	Complete Series X-rays	\$87.00	\$71.79
D0220	Periapical X-ray-first film	\$18.00	\$14.91
D0230	Periapical - Two or more	\$16.00	\$12.03
D0240	Occlusal P.A.	\$27.00	\$15.98
D0270	Bitewings - Single Film	\$18.00	\$11.34
D0272	Bitewings x 2	\$30.00	\$18.50
D0273	Bitewings - Three Films	\$32.50	\$25.26
D0274	Bitewings x 4	\$40.00	\$32.08
D0330	Panorex X-ray	\$83.00	\$59.25
D0470	Diagnostic Casts	\$55.00	\$42.78
D1110	Prophy (Adult)	\$66.00	\$38.10
D1120	Prophy (Child)	\$45.00	\$27.21
D1201	Prophy w/ Fluoride (Child)	\$62.00	not covered
D1203	Fluoride w/out Prophy (Child)	\$27.00	\$16.04
D1204	Fluoride w/out Prophy (Adult)	\$27.00	\$16.04
D1205	Prophy w/ Fluoride (Adult)	\$71.00	not covered
D1206	Topical Fluoride Varnish	\$29.00	\$16.04
D1351	Sealants	\$40.00	\$28.58
D1510	Space Maint. Fixed - Unilateral	\$235.00	\$190.96
D1515	Space Maint. Fixed - Bilateral	\$500.00	\$267.34
D2140	Amalgam 1 surface	\$85.00	\$64.56
D2150	Amalgam 2 surface	\$105.00	\$81.81
D2160	Amalgam 3 surface	\$125.00	\$94.72
D2161	Amalgam 4 surface or more	\$145.00	\$104.26
D2330	Resin 1 surface anterior	\$95.00	\$65.90
D2331	Resin 2 surface anterior	\$120.00	\$81.41
D2332	Resin 3 surface anterior	\$150.00	\$96.24
D2335	Resin 4 surface anterior	\$175.00	\$121.91

<u>ADA Code</u>	<u>Description</u>	<u>Our Charge</u>	<u>MCD Rate</u>
D2390	Resin Crown - anterior	\$185.00	\$173.30
D2391	Resin 1 surface posterior	\$115.00	\$80.00
D2392	Resin 2 surface posterior	\$150.00	\$118.63
D2393	Resin 3 surface posterior	\$185.00	\$144.28
D2394	Resin 4 surface posterior	\$220.00	\$174.82
D2930	SSC-Primary	\$188.00	\$144.28
D2931	SSC - Permanent	\$217.00	\$155.16
D2932	Prefabricated resin crown.	\$250.00	\$169.52
D2934	Prefabricated esthetic coated stainless steel crown	\$250.00	\$189.05
D2940	Sedative filling	\$81.00	\$39.77
D2950	Crown Buildup	\$174.00	\$98.25
D2951	Pin Placement	\$46.00	\$23.86
D2970	Temporary crown (fractured tooth)	\$155.00	\$139.73
D3110	Pulp cap-direct (excluding final restoration)	\$53.00	\$13.41
D3220	Pulpotomy-Excl. Rest.	\$130.00	\$81.09
D3230	Pulpal Therapy-Anterior	\$250.00	\$143.22
D3240	Pulpal Therapy-Posterior	\$375.00	\$190.96
D3310	RCT - Anterior	\$375.00	\$283.58
D3320	RCT - Premolar	\$425.00	\$335.13
D3330	RCT - Molar	\$518.00	\$409.90
D4210	Gingivectomy-4 or more teeth	\$490.00	\$248.52
D4211	Gingivectomy-1 to 3 teeth	\$191.00	\$92.29
D4241	Gingival flap procedure, including root planning	\$300.00	\$247.48
D4341	Periodontal scaling and root planning-4 or more teeth	\$178.00	\$100.54
D4342	Periodontal scaling and root planning-1 to 3 teeth	\$120.00	\$58.48
D4355	Full mount debridement	\$115.00	\$67.37
D4910	Periodontal Maintenance	\$103.00	\$49.59
D5110	Complete Denture-Maxillary	\$1120.00	\$584.82
D5120	Complete Denture-Mandibular	\$1120.00	\$584.82
D5211	All resin acrylic upper partial-Maxillary	\$780.00	\$433.70
D5212	All resin acrylic lower partial-Mandibular	\$780.00	\$433.70
D5213	Cast metal upper partial	\$895.00	\$626.92
D5214	Cast metal lower partial	\$895.00	\$626.92
D5410	Adjust complete denture-maxillary	\$66.00	\$31.81

<u>ADA Code</u>	<u>Description</u>	<u>Our Charge</u>	<u>MCD Rate</u>
D5411	Adjust complete denture-mandibular	\$66.00	\$31.81
D5421	Adjust partial denture-maxillary	\$66.00	\$31.81
D5422	Adjust partial denture-mandibular	\$66.00	\$31.81
D5510	Repair broken complete denture base	\$156.00	\$77.15
D5520	Replace missing/broken tooth comp. denture	\$128.00	\$65.03
D5610	Repair resin denture base	\$142.00	\$77.15
D5730	Reline complete maxillary denture (chairside)	\$278.00	\$135.68
D5731	Reline complete mandibular denture (chairside)	\$278.00	\$135.68
D5740	Reline maxillary partial denture (chairside)	\$264.00	\$133.34
D5741	Reline mandibular partial denture (chairside)	\$264.00	\$133.34
D7111	Extraction- coronal remnants-deciduous tooth	\$75.00	\$51.56
D7140	Extraction	\$100.00	\$63.54
D7210	Surgical Ext. - Erupted	\$199.00	\$109.23
D7220	Soft tissue impaction	\$213.00	\$124.26
D7230	Partial bony impaction	\$275.00	\$165.99
D7240	Bony impaction	\$325.00	\$193.35
D7241	Bony impaction w/ complications	\$399.00	\$232.02
D7250	Resid. Roots - unerupted	\$201.00	\$119.10
D7270	Tooth reimplantation	\$235.00	\$211.39
D7285	Biopsy-hard tissue	\$175.00	\$136.61
D7286	Biopsy - soft tissue	\$125.00	\$108.18
D7288	Brush biopsy-transepithelial sample collection	\$125.00	\$108.18
D7310	Alveoloplasty - w/extr. 4 or more teeth	\$221.00	\$102.93
D7311	Alveoloplasty in conjunction w/ extraction	\$205.00	\$96.24
D7320	Alveoloplasty per quad.	\$225.00	\$150.18
D7321	Alveoloplasty not in conjunction w/ extraction	\$225.00	\$134.74
D7510	I & D Intra Oral	\$200.00	\$111.00
D7530	Removal of foreign body, skin, or tissue	\$280.00	\$126.32
D7910	Suture sm. Trauma	\$250.00	\$167.03
D9110	Emergency palliative	\$90.00	\$42.57
D9930	Post op. dry socket	\$95.00	not covered

**ROCKINGHAM COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH FEES
FEES EFFECTIVE
JULY 1, 2011**

Site Evaluation/Improvement Permit Application Fee

Domestic Wastewater System <600 gpd	\$225.00
Domestic Wastewater System >600 gpd, <3000 gpd	\$380.00
Industrial Wastewater Systems and Systems >3000 gpd	\$670.00

Site Evaluation/Improvement Permit/Authorization to Construct

Domestic Wastewater System <600 gpd	\$400.00
Domestic Wastewater System >600 gpd, <3000 gpd	\$600.00
Industrial Wastewater Systems and Systems >3000 gpd	\$900.00

Authorization to Construct (Improvement Permit Already Issued)

Domestic Wastewater System <600 gpd	\$200.00
Domestic Wastewater System >600 gpd, <3000 gpd	\$250.00
Industrial Wastewater Systems and Systems >3000 gpd	\$300.00

Permit Changes, Site Revisits (Due to Property Owner or Agents Failure to Properly Mark Property Corners and/or Structure Locations)	\$100.00
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Application Fee for Septic System Repair	No Fee
Application Fee for Septic System Expansions	\$125.00
Inspection of Existing Septic Systems	\$90.00
Inspection of Septic System - Mobile Home Park	\$120.00
Well Permit Application Fee - (includes the required Bacteriological Inorganic Chemical, Nitrate/Nitrite sample)	\$350.00

Well Permit/Replacement Fee - (Includes the required Bacteriological, Inorganic Chemical, Nitrate/Nitrite samples)	\$160.00
Well Revisit Fee	\$100.00

Bacteriological Water Sample (per sample)	\$38.00
Inorganic Chemical Water Sample (per sample)	\$50.00
Nitrate Water Sample (per sample)	\$38.00
Flouride Water Sample (per sample, without MD request)	\$38.00
Petroleum Product Water Sample (per sample)	\$60.00
Pesticide Water Sample (per sample)	\$60.00
Volatile Organic Compound Sample Fee	\$180.00
Activated Charcoal Radon Test Kit	\$10.00
Alpha-track Monitor Radon Test Kit	\$25.00
Tattoo Artist Permit Application Fee	\$255.00
Temporary Tattoo Artist Permit	\$75.00
Swimming Pool Annual Operation Permit Fee	\$145.00
Swimming Pool Plan Review	\$250.00
Swimming Pool – 2 nd Visit (not ready)	\$65.00
Food Protection ServSafe Course	\$165.00
ServSafe Course without book	\$95.00
Plan Review Fee (Review of Rest. Plans) Effective February 3, 2002	\$200.00
Temporary Food Stands (Effective August 15, 2009)	\$75.00
Health Dept.-Sanctioned Rabies Vaccine Clinic Fee Per Animal (Fee Increase)	\$7.00
	\$0.25

Fees Charged For Environmental Services in Other Counties - 2010

County	Alamance	Caswell	Catawba	Chatham	Cleveland	Davidson	Forsyth	Guilford	Orange	Randolph	Stokes	Union	Rockingham	Average	Proposed Fees
IMP	200.00	150.00	150.00	130.00	N/S	160.00	170.00	300.00	350.00	N/S	150.00	250.00	225.00	201.00	225.00
ATC	200.00	150.00	300.00	180.00	N/S	80.00	195.00	100.00	260.00	N/S	125.00	150.00	200.00	174.00	200.00
IMP & ATC	400.00	300.00	450.00	310.00	250.00	240.00	365.00	400.00	610.00	175.00	270.00	400.00	400.00	348.00	400.00
HOME SEPTIC CHECK	50.00	50.00	80.00	100.00	100.00	50.00	47.00	100.00	125.00	50.00	75.00	75.00	90.00	75.00	90.00
HOME SEPTIC CHECK - PLAT	50.00	N/F	N/F	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50.00	N/A
MHP SEPTIC CHECK	50.00	N/F	80.00	N/F	N/A	50.00	98.00	100.00	125.00	N/A	125.00	N/A	120.00	90.00	120.00
MHP RE-INSPECTION	N/F	N/F	N/A	N/A	N/A	N/A	N/F	N/A	75.00	N/A	N/A	N/A	N/A	75.00	N/A
SEPTIC CHECK EXPANSION	N/F	50.00	N/F	130.00	100.00	N/F	N/F	100.00	N/F	100.00	125.00	N/A	125.00	101.00	125.00
REVISIT FEE	50.00	100.00	50.00	100.00	125.00	50.00	47.00	N/F	125.00	N/F	75.00	75.00	100.00	81.00	100.00
BACTERIA WATER SAMPLE	15.00	50.00	58.00	33.00	40.00	25.00	23.00	40.00	25.00	30.00	N/A	60.00	38.00	36.00	38.00
CHEMICAL WATER SAMPLE	25.00	50.00	85.00	33.00	50.00	25.00	23.00	34.00	35.00	30.00	N/A	60.00	50.00	41.00	50.00
PETROLEUM WATER SAMPLE	30.00	50.00	85.00	70.00	50.00	40.00	51.00	47.00	75.00	30.00	20.00	60.00	60.00	51.00	60.00
PESTICIDE WATER SAMPLE	25.00	50.00	85.00	70.00	50.00	40.00	48.00	41.00	75.00	30.00	20.00	60.00	60.00	50.00	60.00
WATER SAMPLE REVISIT	N/F	50.00	N/F	N/A	N/A	N/A	N/A	N/A	N/A	N/F	N/F	N/A	*BOSC	50.00	N/A
WATER PANEL TEST KIT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WELL PERMIT	300.00	300.00	300.00	340.00	390.00	200.00	360.00	315.00	430.00	210.00	250.00	400.00	350.00	316.00	350.00
WELL REVISIT FEE	N/F	N/F	N/F	50.00	125.00	N/A	N/A	N/A	N/A	N/A	N/F	75.00	100.00	83.00	100.00
WELL PERMIT -REPAIR	200.00	200.00	N/F	N/A	100.00	N/A	N/A	110.00	N/A	N/A	N/A	N/A	N/A	153.00	N/A
WELL REPLACEMENT	300.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	160.00	300.00	160.00
WELL ABANDONMENT PERMIT	N/F	100.00	N/A	N/A	N/A	N/A	129.00	N/A	N/A	N/A	N/A	N/A	N/A	115.00	N/A
SSWIMMING POOL ANN INSP	75.00	100.00	150.00	175.00	150.00	100.00	108.00	150.00	125.00	50.00	100.00	275.00	145.00	130.00	145.00
SWIMMING POOL PLAN REVIEW	200.00	200.00	300.00	200.00	250.00	100.00	200.00	300.00	*250.00	200.00	200.00	250.00	250.00	221.00	250.00
SWIMMING POOL - 2ND VISIT	N/F	N/F	N/F	N/A	N/A	50.00	27.00	50.00	N/A	N/A	N/A	75.00	65.00	51.00	65.00
TATTOO ARTIST PERMIT	100.00	150.00	200.00	150.00	200.00	250.00	103.00	500.00	*250.00	100.00	300.00	150.00	255.00	204.00	255.00
TATTOO ARTIST PLAN REVIEW	N/F	N/F	265.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	265.00	N/A
RESTAURANT PLAN REVIEW	200.00	200.00	200.00	200.00	250.00	200.00	205.00	200.00	*250.00	100.00	200.00	200.00	200.00	200.00	200.00
TEMPORARY FOOD STAND	75.00	#75.00	#75.00	75.00	75.00	75.00	75.00	75.00	75.00	#75.00	N/A	*75.00	75.00	75.00	75.00
FOOD PROTECTION SERVS/AE	N/F	N/F	N/F	95.00	N/A	N/A	N/A	150.00	N/A	132.00	N/A	N/A	165.00	126.00	165.00
COPIES	N/A	N/A	N/A	N/A	N/A	.10	N/A	N/A	N/A	N/A	.35	N/A	.25	.23	.25

IMP = Improvement Permit
 ATC = Authorization to Construct
 MHP = Mobile Home Park
 N/A = County Does Not Provide This Service
 N/F = No Fee
 N/S = Not Separated (Permits Given Together)
 * = Performed Through Building Inspections
 *BOC = Build. Insp. "based on cost"
 ^ = Based on Number of Bedroom
 ^^ = Based on Conventional System
 ^^^ = Based on Number MHP Spaces
 ^^^^ = Fees Decreased
 ** \$1.00 per seat up to 100 seats = \$100.00 fee
 # = Fee Increased
 # New Fee
 *BOSC = Based on Sample Cost

ROCKINGHAM COUNTY SHELTER'S
PRICE LIST

ADOPTION FEE:

DOGS: \$110.00

INCLUDES: SPAY/NEUTER
MICROCHIP
RABIES SHOT
DA2PPV
BORDETELLA
DE-WORMING
HEARTWORM TEST
(FOR DOGS OVER 6 MONTHS)



CATS: \$90.00

INCLUDES: SPAY/NEUTER
MICROCHIP
RABIES SHOT
FVRCP
DE-WORMING
FELV/FIV TESTS

REDEMPTION FEE: \$25.00

DAILY BOARDING FEE: \$12.00 A DAY FOR DOGS
\$10.00 A DAY FOR CATS

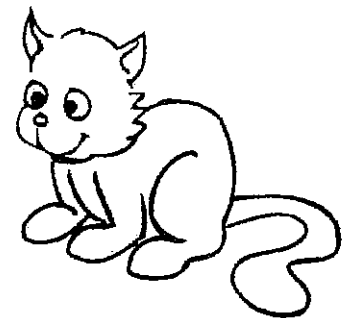
BITE QUARANTINE FEE: \$16.00 A DAY

RABIES SHOT FEE: \$10.00

MICROCHIP FEE: \$12.00

EUTHANASIA REQUEST FEE: \$15.00

RESCUE TRANSFER FEE: \$ 35.00 (DOES NOT INCLUDE MICROCHIP OR SURGERY)



These fees may not be modified or waived without written permission from the
Animal Shelter Director of Rockingham County.