

**THE BOARD OF COMMISSIONERS OF
FRANKLIN COUNTY , KANSAS**

RESOLUTION 13- 47

A RESOLUTION ESTABLISHING A FEE SCHEDULE FOR THE
FRANKLIN COUNTY HEALTH DEPARTMENT

WHEREAS, K.S.A. 19-101, provides that a county may exercise the powers of home rule to determine its local affairs and government as authorized under the provisions of K.S.A. 19-101a; and

WHEREAS, K.S.A. 65-210 et. seq., provides that local municipalities may establish and operate public health departments and may establish and collect charges for these services; and

WHEREAS, Franklin County has established and provides public health services for Franklin County, Kansas; and

WHEREAS, the Board of County Commissioners believes that it is in the best interest of Franklin County to adopt a fee schedule effective January 1, 2014.

THEREFORE, BE IT RESOLVED BY

THE BOARD OF FRANKLIN COUNTY COMMISSIONERS,

That the following resolution shall establish the fee schedule for Franklin County Health Department effective January 1, 2014:

<u>Item</u>	2013	Level A 100% poverty	Level B	Level C	Level D	Level E (full fee)
RN or Mid-Level Provider						
Established Patient: Brief Exam	\$30.00	no charge	\$7.50	\$15.00	\$22.50	\$30.00
Established Patient: Limited Exam	\$45.00	no charge	\$11.25	\$22.50	\$33.75	\$45.00
Established Patient: Intermediate Exam	\$65.00	no charge	\$16.25	\$32.50	\$48.75	\$65.00
Established Patient: Comprehensive Exam	\$80.00	no charge	\$20.00	\$40.00	\$60.00	\$80.00
Established Patient: Preventive 05-11	\$80.00	no charge	\$20.00	\$40.00	\$60.00	\$80.00
Established Patient: Preventive 12-17	\$90.00	no charge	\$22.50	\$45.00	\$67.50	\$90.00
Established Patient: Preventive 18-39	\$100.00	no charge	\$25.00	\$50.00	\$75.00	\$100.00
Established Patient: Preventive 40-64	\$100.00	no charge	\$25.00	\$50.00	\$75.00	\$100.00
New Patient: Brief Exam	\$45.00	no charge	\$11.25	\$22.50	\$33.75	\$45.00
New Patient: Limited Exam	\$65.00	no charge	\$16.25	\$32.50	\$48.75	\$65.00
New Patient: Intermediate Exam	\$95.00	no charge	\$23.75	\$47.50	\$71.25	\$95.00
New Patient: Comprehensive Exam	\$125.00	no charge	\$31.25	\$62.50	\$93.75	\$125.00
New Patient: Preventive 05-11	\$90.00	no charge	\$22.50	\$45.00	\$67.50	\$90.00
New Patient: Preventive 12-17	\$100.00	no charge	\$25.00	\$50.00	\$75.00	\$100.00
New Patient: Preventive 18-39	\$125.00			\$62.50	\$93.75	\$125.00

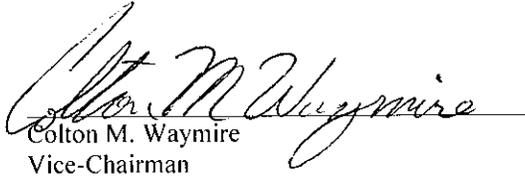
New Patient:Preventive 40-64	\$125.00	no charge	\$31.25	\$62.50	\$93.75	\$125.00
Nursing Procedures:Injection Fee	\$20.00	no charge	\$5.00	\$10.00	\$15.00	\$20.00
Nursing Procedures:Injection Fee-add						
Nursing Procedures: Depoprovera	\$12.00					
Injection	\$30.00	no charge	\$3.00	\$6.00	\$9.00	\$12.00
Nursing Procedures:Audiometric test	\$15.00	no charge	\$3.75	\$7.50	\$11.25	\$15.00
Nursing Procedures:Baby Home Visit	\$75.00	no charge	\$18.75	\$37.50	\$56.25	\$75.00
Nursing Procedures:Fluoride Varnish	\$20.00	no charge	\$5.00	\$10.00	\$15.00	\$20.00
Nursing Procedures:Head Check	\$7.50	no charge	\$1.88	\$3.75	\$5.63	\$7.50
Nursing Procedures:HPV Treatment	\$60.00	no charge	\$15.00	\$30.00	\$45.00	\$60.00
Nursing Procedures:IUD Removal	\$40.00	no charge	\$10.00	\$20.00	\$30.00	\$40.00
Nursing Service:IUD Insertion	\$150.00	no charge	\$37.50	\$75.00	\$112.50	\$150.00
Nursing Service: Nexplanon Insertion	\$150.00	no charge	\$37.50	\$75.00	\$112.50	\$150.00
Nursing Procedures: Med Prep fee	\$10.00	no charge	\$31.25	\$5.00	\$7.50	\$10.00
Nursing Procedures:Physical:KBH	\$90.00	no charge	\$22.50	\$45.00	\$67.50	\$90.00
Nursing Procedures:Tyanogram	\$10.00	no charge	\$2.50	\$5.00	\$7.50	\$10.00
Nursing Procedures:Venipuncture	\$15.00	no charge	\$3.75	\$7.50	\$11.25	\$15.00
Nursing Procedures:Vision Test	\$10.00	no charge	\$2.50	\$5.00	\$7.50	\$10.00
Nursing Procedures:Well Baby Check	\$20.00	no charge	\$5.00	\$10.00	\$15.00	\$20.00
Nursing Procedures: TB Test	\$15.00	no charge	\$3.75	\$7.50	\$11.25	\$15.00
Nursing Procedures: Lab handling fee	\$10.00		\$2.50	\$5.00	\$7.50	\$10.00
Nursing Procedures:Blood Pressure		no charge				no charge
Laboratory						
Laboratory:Bacterial Vaginosis	\$12.00	no charge	\$3.00	\$6.00	\$9.00	\$12.00
Laboratory:Hemoglobin	\$10.00	no charge	\$2.50	\$5.00	\$7.50	\$10.00
Laboratory:HIV Rapid Test	\$25.00	no charge	\$6.25	\$12.50	\$18.75	\$25.00
Laboratory:Lead	\$5.00	no charge	\$1.25	\$2.50	\$3.75	\$5.00
Laboratory: Rapid Lipid w/glucose	\$25.00	no charge	\$6.25	\$12.50	\$18.75	\$25.00
Laboratory:Pregnancy Test	\$12.00	no charge	\$3.00	\$6.00	\$9.00	\$12.00
Laboratory:Strep Test	\$10.00	no charge	\$2.50	\$5.00	\$7.50	\$10.00
Laboratory:Trichomoniasis	\$12.00	no charge	\$3.00	\$6.00	\$9.00	\$12.00
Laboratory:UA	\$12.00	no charge	\$3.00	\$6.00	\$9.00	\$12.00
Laboratory:RMH Blood Sugar	at cost	no charge	25%of cost	50% of cost	75% of cost	at cost
Laboratory:RMH CBC	at cost	no charge	25%of cost	50% of cost	75% of cost	at cost
Laboratory:RMH Lipid Profile	at cost	no charge	25%of cost	50% of cost	75% of cost	at cost
Laboratory:RMH PSA	at cost	no charge	25%of cost	50% of cost	75% of cost	at cost
Laboratory: Cytocheck: Beta HCG Quantative	At Cost	no charge	25%of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck:BMP	at cost	no charge	25%of cost	50% of cost	75% of cost	at cost

Laboratory Cytocheck: CMP	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: Free T4	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: Glucose	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: HBsAg Screen	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: Hemoglobin A1C	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: Hep B Titer	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: Hep A, B, C	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: Hepatic Panel	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: HIV Panel	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: Lipid Profile	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: MMR Titer	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: Prolactin	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: Repeat Thin Prep	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: Repeat TP w/HPV test	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: RPR	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: Sedrate	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: Thin Prep	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: T3 Total	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: T3 Uptake	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: T4	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: Titer, varicella	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: TSH	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: UA Complete Culture in Indicate	at cost	25% of cost	50% of cost	75% of cost	at cost
Laboratory Cytocheck: Varicella-Zoster V Ab	at cost	25% of cost	50% of cost	75% of cost	at cost

Laboratory State:Herpes	at cost		25% of cost	50% of cost	75% of cost	at cost
Laboratory State:RPR	at cost		25% of cost	50% of cost	75% of cost	at cost
Medications And contraceptives	cost plus 10%	no charge	25% of cost	50% of cost	75% of cost	\$0.00
Non-table medications	cost plus 10%		25% of cost	50% of cost	75% of cost	cost plus 10%

This Resolution rescinds and replaces all other former resolutions or actions of the Franklin County Commission relating to service fees charged by the Franklin County Health Department in Franklin County, Kansas.

Passed and adopted in regular session this 28th day of August 2013.


 Colton M. Waymire
 Vice-Chairman

Attested and Recorded, this 28th day of August 2013.


 Janet Paddock, County Clerk

