

SCOTLAND COUNTY FY 2015-2016 FEE SCHEDULE FOR ADMINISTRATION

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CDs/DVDs (each)	\$1.00
County ID replacement	\$2.00 County/Courthouse employee
County ID replacement	\$5.00 non-County/Courthouse employee

Scotland County EMS Fees for 2016

ALS Ambulance Response, treatment and Transport-----	\$600.00
ALS Ambulance Response, treatment and No Transport-----	\$150.00
ALS Ambulance Response, Transfer of Remains (TOR)-----	\$ 90.00
ALS Ambulance Transport per loaded mile-----	\$ 15.00 / loaded mile
ALS Ambulance dedicated stand-by coverage-----	\$ 100.00 / hour
911 Blue Address signs-----	\$10.00

FY 2016
Parks and Recreation Fee Schedule

Activity	
YOUTH SPORTS	FY 2014
Flag Football	\$15
Tackle Football	\$15
Cheerleading	\$15
Basketball- Boys	\$15
Basketball- Girls	\$15
Softball- Fast Pitch	\$15
Softball- Slow Pitch	\$15
Baseball	\$15
Volleyball	\$15
Soccer	\$15
1st Week Late Registration Fee	\$20
Selected from Waiting List	\$25
Out-Of-County Registration*	\$40
Out-Of-County 1st Week Late Registration Fee*	\$50
Out-Of-County Selected from Waiting List*	\$70
PICNIC SHELTER	
Market Park	\$50
Washington Park	\$30
Murray Park	\$30
Recreation Complex	\$50
Lost Key Fee	\$15
SPLASH PAD	
Ages 11 and under	\$2/day
Ages 12 and older	\$4/day
Hourly Rental	\$50/hour
Summer Camp - Half Day	
County Residents - Per Week	\$35
County Residents - 2nd child	\$30
3rd child	\$25
Maximum per household	\$100 per week
Out-Of-County - Per Week*	\$70
Individual Camps	Assigned based on costs
GYM RENTAL	
Per Hour	\$30
FIELDS	
Recreation Complex	
Softball-Baseball	\$150/field/day
Field Preparation	\$35
Reserve Tournament Date	\$100/weekend
Soccer	\$100/field/day
LHCC	
Deposit	\$100 auditorium \$50 classroom
Auditorium	\$50 per hour
Classroom	\$20 per hour
WAGRAM RECREATION CENTER	
In County Rates	
Classroom Per Hour	\$20
Gym - Sports Use Deposit	\$50
Gym- Sports Use Per Hour Rate	\$30

Gym- Special Event Deposit	\$100
Gym- Speical Event Basic Rate for 3 hours	\$200
Gym- Speical Event Basic Rate each added hour	\$35
Fitness Center - Daily Rate	\$4
Fitness Center - Monthly Rate	\$20
Fitness Center - Annual Membership (1)	\$200
Fitness Center - Annual Membership (2 people)	\$260
Fitness Center - Annual Family Membership 3+	\$325
Fitness Classes	\$15
Out of County Rates	
Classroom	\$35
Classroom Deposit	\$75
Gym - Sports Use Deposit	\$75
Gym- Sports Use Per Hour Rate	\$35
Gym- Special Event Deposit	\$150
Gym- Speical Event Basic Rate for 3 hours	\$325
Gym- Speical Event Basic Rate each added hour	\$55
Fitness Center - Daily Rate	\$7
Fitness Center - Monthly Rate	\$24
Fitness Center - Annual Membership (1 to 2)	\$350
Fitness Center - Annual Family Membership	\$500
Fitness Classes - not included in membership effective 7/1/11	20
SENIOR CITIZENS	
Exercise Classes per Month	\$15
Day Trip	\$10
MAJOR EVENT FEES	
Stage Rental Per Event	\$150
Stage Rental Deposit	\$100
Park Rental Per Day - Market	\$125
Park Rental Per Day- Morgan	\$150
Deposit	\$100
Dumpster Rental Per Event	\$200
Marking Off Vendor Spaces	\$150
Special Requests	By the hour
Lost Key Fee	\$15
ADMISSIONS	
Legion Park	\$1
Johnson Gym (Adult Games only)	\$1
Instructor Fees	
Percent of Class-Program Fee collected to Instructor	90%
Percent of Class-Program Fee to County	10%

* Out-of-County Participants are only permitted if all Scotland County persons are served.
Other camps and classes fees are approved on a case-by-case basis.

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
ADULT HEALTH SCH/WORK PHYSICAL									
LU203	Work	-	\$ 49.00	-	-	-	-	-	Patient Pay Only
LU212	School Physical	-	\$ 49.00	-	-	-	-	-	Patient Pay Only
LU253	Wellness Physical	-	\$ 60.00	-	-	-	-	-	Patient Pay Only
LU250	Pap Only (goes w/wellness phy	-	\$ 25.00	-	-	-	-	-	Patient Pay Only
G0101	Cer/Vag Screening	-	\$ 46.00	\$ 46.00	\$ 36.80	\$ 27.60	\$ 18.40	\$ 9.20	Sliding Fee,Bill Medicare Only(Includes Breast Ex)
Q0091	Screening Pap Smear	-	\$ 49.00	\$ 49.00	\$ 39.20	\$ 29.40	\$ 19.60	\$ 9.80	Sliding Fee, Bill Mediare Only
CHILD. HEALTH NEW									
99201	Problem Focused Hx & Exam		\$ 88.00	\$ 88.00					No Sliding Fee, Bill Medicaid & Private Ins.
99202	Expanded PF Hx & Exam		\$ 132.00	\$ 132.00					No Sliding Fee, Bill Medicaid & Private Ins.
99203	Detailed Hx & Exam		\$ 188.00	\$ 188.00					No Sliding Fee, Bill Medicaid & Private Ins.
99204	Comprehensive Hx & Exam		\$ 307.00	\$ 307.00					No Sliding Fee, Bill Medicaid & Private Ins.
99205	Comp. Hx & Exam (HC)		\$ 347.00	\$ 347.00					No Sliding Fee, Bill Medicaid & Private Ins.
CHILD. HEALTH EST.									
99211	Eval. & Mgt.		\$ 49.00	\$ 49.00					No Sliding Fee, Bill Medicaid & Private Ins.
99212	Problem Focused Hx & Exam		\$ 82.00	\$ 82.00					No Sliding Fee, Bill Medicaid & Private Ins.
99213	Expanded PF Hx. & Exam		\$ 142.00	\$ 142.00					No Sliding Fee, Bill Medicaid & Private Ins.
99214	Detailed Hx & Exam		\$ 193.00	\$ 193.00					No Sliding Fee, Bill Medicaid & Private Ins.
99215	Comp. Hx & Exam (HC)		\$ 258.00	\$ 258.00					No Sliding Fee, Bill Medicaid & Private Ins.
EIC NEW PATIENT									
99201	Problem Focused Hx & Exam	\$ 62.10	\$ 88.00	\$ 88.00					Bill Medicaid, Ryan White
99202	Expanded PF Hx & Exam	\$ 93.15	\$ 132.00	\$ 132.00					Bill Medicaid, Ryan White
99203	Detailed Hx & Exam	\$ 132.48	\$ 188.00	\$ 188.00					Bill Medicaid, Ryan White
99204	Comprehensive Hx & Exam	\$ 194.58	\$ 307.00	\$ 307.00					Bill Medicaid, Ryan White
99205	Comp. Hx & Exam (HC)	\$ 244.26	\$ 347.00	\$ 347.00					Bill Medicaid, Ryan White
EIC EST PATIENT									
99211	Eval. & Mgt.	\$ 34.16	\$ 49.00	\$ 49.00					Bill Medicaid, Ryan White
99212	Problem Focused Hx & Exam	\$ 56.93	\$ 82.00	\$ 82.00					Bill Medicaid, Ryan White
99213	Expanded PF Hx. & Exam	\$ 78.66	\$ 142.00	\$ 142.00					Bill Medicaid, Ryan White
99214	Detailed Hx & Exam	\$ 122.13	\$ 193.00	\$ 193.00					Bill Medicaid, Ryan White
99215	Comp. Hx & Exam (HC)	\$ 182.16	\$ 258.00	\$ 258.00					Bill Medicaid, Ryan White
MATERNAL HEALTH NEW PATIENT									
59425	4-6 Office Visits (Bundle)	\$ 340.20	\$ 700.00	\$ 700.00					Bill Medicaid Only
59246	7 + Office Visits (Bundle)	\$ 608.62	\$ 1,200	\$ 1,200.00					Bill Medicaid Only
59430	Postpartum Care Visit	\$ 109.17	\$ 120.00	\$ 120.00					Bill Medicaid
S0280	Pregnancy Risk Screening	\$ 50.00	\$ 50.00						Bill Medicaid Only
S0281	Postpartum Visit	\$ 150.00	\$ 150.00						Bill Medicaid Only

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
NEW PATIENTS									
99201	Problem Focused Hx & Exam	\$ 62.10	\$ 88.00	\$ 88.00	\$ 70.40	\$ 52.80	\$ 35.20	\$ 17.60	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99202	Expanded PF Hx & Exam	\$ 93.15	\$ 132.00	\$ 132.00	\$ 105.60	\$ 79.20	\$ 52.80	\$ 26.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99203	Detailed Hx & Exam	\$ 132.48	\$ 188.00	\$ 188.00	\$ 150.40	\$ 112.80	\$ 75.20	\$ 37.60	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99204	Comprehensive Hx & Exam	\$ 194.58	\$ 307.00	\$ 307.00	\$ 245.60	\$ 184.20	\$ 122.80	\$ 61.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99205	Comp. Hx & Exam (HC)	\$ 244.26	\$ 347.00	\$ 347.00	\$ 277.60	\$ 208.20	\$ 138.80	\$ 69.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
ESTABLISHED PATIENTS									
99211	Eval. & Mgt. (RN Visits Only)	\$ 34.16	\$ 49.00	\$ 49.00	\$ 39.20	\$ 29.40	\$ 19.60	\$ 9.80	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99212	Problem Focused Hx & Exam	\$ 56.93	\$ 82.00	\$ 82.00	\$ 65.60	\$ 49.20	\$ 32.80	\$ 16.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99213	Expanded PF Hx. & Exam	\$ 78.66	\$142.00	\$ 142.00	\$ 113.60	\$ 85.20	\$ 56.80	\$ 28.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99214	Detailed Hx & Exam	\$ 122.13	\$193.00	\$ 193.00	\$ 154.40	\$ 115.80	\$ 77.20	\$ 38.60	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99215	Comp. Hx & Exam (HC)	\$ 182.16	\$258.00	\$ 258.00	\$ 206.40	\$ 154.80	\$ 103.20	\$ 51.60	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
PREVENTIVE NEW (FP/CH)									
99381	Preventive New < 1 Year Old	\$ 90.00	\$185.00	\$ 185.00	\$ 148.00	\$ 111.00	\$ 74.00	\$ 37.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
99382	Preventive New 1-4 Years Old		\$195.00	\$ 195.00	\$ 156.00	\$ 117.00	\$ 78.00	\$ 39.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
99383	Preventive New 5 - 11	\$ 154.00	\$226.00	\$ 226.00	\$ 180.80	\$ 135.60	\$ 90.40	\$ 45.20	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99384	Preventive New 12 - 17	\$ 169.00	\$249.00	\$ 249.00	\$ 199.20	\$ 149.40	\$ 99.60	\$ 49.80	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99385	Preventive New 18 - 39	\$ 167.00	\$245.00	\$ 245.00	\$ 196.00	\$ 147.00	\$ 98.00	\$ 49.00	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99386	Preventive Est. 40 - 64	\$ 199.00	\$292.00	\$ 292.00	\$ 233.60	\$ 175.20	\$ 116.80	\$ 58.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99387	Preventive New 65 - over	\$ 215.00	\$316.00	\$ 316.00	\$ 252.80	\$ 189.60	\$ 126.40	\$ 63.20	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
PREVENTIVE EST. (FP/CH)									
99393	Preventive Est. < 1 Year Old		\$160.00	\$ 160.00	\$ 128.00	\$ 96.00	\$ 64.00	\$ 32.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
99393	Preventive Est. 1-4 Years Old		\$180.00	\$ 180.00	\$ 144.00	\$ 108.00	\$ 72.00	\$ 36.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
99393	Preventive Est. 5 - 11	\$ 126.00	\$185.00	\$ 185.00	\$ 148.00	\$ 111.00	\$ 74.00	\$ 37.00	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99394	Preventive Est. 12 - 17	\$ 146.00	\$215.00	\$ 215.00	\$ 172.00	\$ 129.00	\$ 86.00	\$ 43.00	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99395	Preventive Est. 18 - 39	\$ 142.00	\$205.00	\$ 205.00	\$ 164.00	\$ 123.00	\$ 82.00	\$ 41.00	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99396	Preventive Est. 40 - 64	\$ 158.00	\$231.00	\$ 231.00	\$ 184.80	\$ 138.60	\$ 92.40	\$ 46.20	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99397	Preventive Est. 65 - over	\$ 175.00	\$257.00	\$ 257.00	\$ 205.60	\$ 154.20	\$ 102.80	\$ 51.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
COMMUNICABLE DISEASE									
T1002	RN Services (15 Minutes)	\$ 18.59	\$ 71.00	\$ -	\$ -	\$ -	\$ -	\$ -	Per Unit. Medicaid, Non/C Medicare, Pvt. Ins.
FAMILY PLANNING									
57170	Diaphragm	\$ 53.91	\$111.00	\$ 111.00	\$ 88.80	\$ 66.60	\$ 44.40	\$ 22.20	Sliding Scale Charge, Medicaid, Private Insurance
S4993	Pills Per Pack	\$ 3.03	\$ 10.00	\$ 10.00	\$ 8.00	\$ 6.00	\$ 4.00	\$ 2.00	Sliding Fee, Medicaid, Medicare, Private Insurance
Not to exceed 14 pks. per year									
CHILD HEALTH PROCEDURES									
D0145	Oral Evaluation 1st		\$ 50.00	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 10.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
D1206	Topical Appl. of Flouride Var		\$ 35.00	\$ 35.00	\$ 28.00	\$ 21.00	\$ 14.00	\$ 7.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
92551	Audiometry Screening		\$ 20.00	\$ 20.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
92567	Tympanometry		\$ 20.00	\$ 20.00	\$ 16.00	\$ 12.00	\$ 8.00	\$ 4.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
92588	OAE (hearing)		\$ 95.00	\$ 95.00	\$ 76.00	\$ 57.00	\$ 38.00	\$ 19.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
99173	Vision Screening		\$ 5.00	\$ 5.00	\$ 4.00	\$ 3.00	\$ 2.00	\$ 1.00	Sliding Scale Charge, Medicaid, Pvt.Ins.
2000F	Blood Pressure	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No Charge
96110	Developmental Limited		\$ 12.00	\$ 12.00	\$ 9.60	\$ 7.20	\$ 4.80	\$ 2.40	Sliding Scale Charge, Medicaid, Pvt.Ins.
99420	Autism Screening		\$ 16.00	\$ 16.00	\$ 12.80	\$ 9.60	\$ 6.40	\$ 3.20	Sliding Scale Charge, Medicaid, Pvt.Ins.
99420	PSC (part of developmental)		\$ 16.00	\$ 16.00	\$ 12.80	\$ 9.60	\$ 6.40	\$ 3.20	Sliding Scale Charge, Medicaid, Pvt.Ins.
99420	HEADSS		\$ 16.00	\$ 16.00	\$ 12.80	\$ 9.60	\$ 6.40	\$ 3.20	Sliding Scale Charge, Medicaid, Pvt.Ins.
99408	CRAFFT		\$ 31.00	\$ 31.00	\$ 24.80	\$ 18.60	\$ 12.40	\$ 6.20	Sliding Scale Charge, Medicaid, Pvt.Ins.
69210	Ear Lavage		\$ 45.00	\$ 45.00	\$ 36.00	\$ 27.00	\$ 18.00	\$ 9.00	Sliding Scale Charge, Medicaid, Pvt.Ins.

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
IMMUNIZATIONS (0-18 Yrs)				N/C to patients who meet the state eligibility criteria					Injection Charge Only to Medicaid
90645	HIB (Titer) 1 2 3 4	\$ -	\$ 24.00	\$ -	\$ -	\$ -	\$ -	\$ -	Private Ins.
90647	Pedvax-HIB 1 2 3	\$ -	\$ 75.00	\$ -	\$ -	\$ -	\$ -	\$ -	Private Ins.
90670	Prevnar 1 2 3 4	\$ -	\$143.00	\$ -	\$ -	\$ -	\$ -	\$ -	Private Ins.
90680	Rotavirus 1 2 3	\$ -	\$ 79.00	\$ -	\$ -	\$ -	\$ -	\$ -	Private Ins.
90700	DTAP 1 2 3 4 5	\$ -	\$ 22.00	\$ -	\$ -	\$ -	\$ -	\$ -	Private Ins.
90702	DT 1 2 3 4 5	\$ -	N/C	\$ -	\$ -	\$ -	\$ -	\$ -	Injection Charge Only to Medicaid
90707	MMR (0 - 17) 1 2	\$ -	N/C	\$ -	\$ -	\$ -	\$ -	\$ -	Injection Charge Only to Medicaid
90713	IPV 1 2 3 4	\$ -	\$ 28.00	\$ -	\$ -	\$ -	\$ -	\$ -	Private Ins.
90716	Varicella (1-18 yrs)	\$ -	N/C	\$ -	\$ -	\$ -	\$ -	\$ -	Injection Charge Only to Medicaid
90714	TD (adult)	\$ -	\$ 22.00	\$ -	\$ -	\$ -	\$ -	\$ -	Medicaid, Private Ins.
90734	Meningococcal	\$ -	\$110.00	\$ -	\$ -	\$ -	\$ -	\$ -	Private Ins.
90744	HEP B (0 - 18) 1 2 3	\$ -	\$ 22.00	\$ -	\$ -	\$ -	\$ -	\$ -	Private Ins.
INJECTABLES (2 - 18 yrs)									
90633	HEP A (2 - 18) 1 2	\$ -	\$ 30.00						Private Ins.
INJECTABLES (19yrs & Over)									
86580	TB Skin Test	\$ 5.59	\$ 15.00	Medicaid will reimburse if pt.'s have been exposed to TB					Patient Pay
90632	HEP A (Adult) 1 2	\$ 44.16	\$ 29.00	Medicare doesn't pay only Medicare Part D					Injection Charge of \$25.00
90636	Twinrix (18+) 1 2 3		\$ 69.00						Patient Pay, Private Ins.
90649	Gardasil--VFC 9-18	\$ 135.73	\$153.00	\$ 153.00	\$ 122.40	\$ 91.80	\$ 61.20	\$ 30.60	19-20-Medicaid, 21-26-Patient Pay
90656	Influenza	\$ 12.39	\$ 15.00						Patient Pay, Medicaid, Private Insurance
Q2037	Influenza	\$ -	\$ 15.00	Medicare reimburses \$14.96					Medicare
90669	Prevnar 1 2 3 4		N/C						State Supplied
90675	Rabies Pre/Post Expo. 1 2 3	\$ 147.06	\$274.00	Medicare doesn't pay only Medicare Part D					Injection Charge of \$25.00
90707	MMR (Adult) 1 2	\$ 41.02	\$ 58.00	Medicaid will not reimburse for pt.'s 21 years & older					Injection Charge of \$25.00
90715	T-Dap	\$ 39.49	\$ 35.00	Medicaid, Medicare Part D, and Private Ins.					Injection Charge of \$25.00
90716	Varicella (19 & Older)	\$ 86.42	\$100.00	Medicaid, Medicare Part D, and Private Ins.					Injection Charge of \$25.00
90714	TD (adult) every 10 yrs.		\$ 22.00	Medicaid and Private Ins.					Injection Charge of \$25.00
90732	Pneumonia	\$ 31.53	\$ 68.00	Medicare reimburses \$ 68.00					Patient Pay, Medicaid, Medicare, Private Insurance
90736	Zoster (Shingles)	\$ -	\$183.00	Medicare Part B doesn't cover, Medicaid doesn't cover					Patient Pay, Medicare Part D, Private Insurance
90746	HEP B (Adult Series) 1 2 3	\$ 55.20	\$ 56.00	Medicare reimburses \$					Injection Charge of \$25.00
96372	Haldol / Prolixin	\$ 17.04	\$ 48.00						Inj. Charge to Medicaid, Medicare, Private Insurance
J1050	Depo Injection (S.P. & P. Ins.)	\$ 28.50	\$ 58.50	\$ 58.50	\$ 46.80	\$ 35.10	\$ 23.40	\$ 11.70	Sliding Scale Charge, Private Insurance

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
IN HOUSE LAB SERVICES									
G0434	Drug Screening	\$ 18.63	\$ 27.00	activated starting w/dos 3/2/15					DSS, Medicaid
80101	Drug Screening		\$ 27.00	Inactivated 4/29/15					DSS
81001	Urinalysis (w/Micro)	\$ 4.03	\$ 17.00	\$ 17.00	\$ 13.60	\$ 10.20	\$ 6.80	\$ 3.40	Sliding Scale Charge, Pvt. Ins, Medicaid
81003	Urinalysis (w/out Micro)	\$ 2.86	\$ 12.00	\$ 12.00	\$ 9.60	\$ 7.20	\$ 4.80	\$ 2.40	Sliding Scale Charge, Pvt. Ins, Medicaid
81025	Pregnancy Test (Urine)	\$ 8.04	\$ 10.00	\$ 10.00	\$ 8.00	\$ 6.00	\$ 4.00	\$ 2.00	SFS only applies to FP, Pvt. Ins, Medicaid
82120	Amines	\$ 4.78	\$ 12.00						Test Charge to Private Ins, Medicaid
82270	FOBT (stool for occult blood)	\$ 4.13	\$ 12.00	\$ 12.00	\$ 9.60	\$ 7.20	\$ 4.80	\$ 2.40	Sliding Scale Charge, Pvt. Ins, Medicaid
82947QW	Glucose: Fast/Rand (waived)	\$ 4.99	\$ 12.00	\$ 12.00	\$ 9.60	\$ 7.20	\$ 4.80	\$ 2.40	Sliding Scale Charge, Pvt. Ins, Medicaid
82950QW	Glucose 1 & 2 hr. challenge	\$ 6.04	\$ 14.00	\$ 14.00	\$ 11.20	\$ 8.40	\$ 5.60	\$ 2.80	Sliding Scale Charge, Pvt. Ins, Medicaid
85018	Hemoglobin	\$ 3.01	\$ 8.00	\$ 8.00	\$ 6.40	\$ 4.80	\$ 3.20	\$ 1.60	Sliding Scale Charge, Pvt. Ins, Medicaid
86790	Rabies Titer	\$ 16.38	\$ 37.00	ADD VENIPUNCTURE CHARGE OF \$11.00 + UPS S/C					Test Charge to Patient Pay, Private Ins
87070	GC Culture	\$ 10.95	\$ 38.00						Test Charge to Private Ins, Medicaid
87205	GC Smear	\$ 5.42	\$ 12.00						Test Charge to Private Ins, Medicaid
87210	Wet Mount (Prep)	\$ 4.85	\$ 12.00						Test Charge to Private Ins, Medicaid
87810	Chilamydia Eia	\$ 14.57	\$ 65.00						Test Charge to Private Ins, Medicaid
88175	Pap Smear (Thin Prep Kit)	\$ -	\$ 25.00	\$ 25.00	\$ 20.00	\$ 15.00	\$ 10.00	\$ 5.00	Sliding Scale Charge, Pvt. Ins
88141	Physician Read Pap (LabCorp)	\$ -	\$ 20.00						LabCorp Charge applies to P.P. only (No SFS)
87621	Reflex/Co-test (LabCorp)	\$ -	\$ 38.00						LabCorp Charge applies to P.P. only (No SFS)
OTHER									
LU 030	UPS (Rabies Titer Multiple)	\$ -	\$ 75.00						No Sliding Fee. Private Pay
36415	Venipuncture	\$ 2.78	\$ 11.00	\$ 11.00	\$ 8.80	\$ 6.60	\$ 4.40	\$ 2.20	Test Charge to Patient, Private Pay, Medicaid
90471EP	Immunization Update	\$ 13.71	\$ 25.00						Injection Charge to Private Insurance, Medicaid
90471	Injection Admin. (Adult)	\$ 13.71	\$ 25.00						Injection Charge to Pt. Pay, Private Ins. Medicaid
90472EP	Injection Administering Charge	\$ 13.71	\$ 18.00						Bill Medicaid for 2 or More Injections
90472	Injection Administering Charge	\$ 10.00	\$ 18.00						Bill Medicaid, Pat. Pay, Priv Ins. for each add.vacc.
99000	Handling Charge	\$ -	\$ 11.00						Report Only (Med) Charge for Sch/Work Physicals
G0008	Influenza Injection Admin.	\$ -	\$ 25.00	Medicare reimburses \$23.66					Bill to Medicare Only
G0009	Pneumonia Injection Admin.	\$ -	\$ 25.00	Medicare reimburses \$23.66					Bill to Medicare Only
G0010	Hep B Admin (Medicare)	\$ -	\$ 25.00	Medicare reimburses					Bill to Medicare Only
G0108	Cohart 4 Individual Counseling	\$ 18.37	\$ 55.00	Medicare reimburses \$ 51.52					Bill to Medicare, Medicaid, FCC, P.P.
G0109	Cohart 4 Group Sessions	\$ 10.29	\$ 20.00	Medicare reimburses \$ 14.21					Bill to Medicare, Medicaid, FCC, P.P.
LU017	Disability Verification/Leave	\$ -	\$ 15.00						Flat Rated Charge
LU018	Medical Record Copy	\$ -	\$ 10.00						.25 per page after first 10 pages
LU102	Comp. of Record for TB SCR		\$ 15.00						Patient Pay Only
LU300	Backless Belt Position Booster Seat		\$ 10.00						Patient Pay Only
LU301	High Back Belt Position Booster Seat		\$ 10.00						Patient Pay Only
LU302	Forward Facing Combination Seat		\$ 20.00						Patient Pay Only
LU303	Forward Facing Convertible Seat		\$ 20.00						Patient Pay Only
LU304	Rear Facing Infant/Convertible Seat		\$ 20.00						Patient Pay Only
LU400	Miscellaneous Serices								
LU402	Medicaid Co-Pay		\$ 5.00						Medicaid Patients Only
LU403	Private Ins. Co-Pay		\$ 20.00						Private Ins. Patients Only

RABIES TITER: Test done through
Rapid Fluorescent Focus Inhibition Test

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
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Department Of Veterinary Diagnosis
1800 Denison Avenue
KSU Veterinary Medical Center
Manhattan, KS 66506-5600
(785) 532-4483

COUNTY EMPLOYEE' (DSS,HEALTH DEPT,EMS,SHERIFF'S DEPT/JAIL, PUBLIC BUILDING & GROUNDS
VETERANS OFFICE, (COUNTY ADMIN. & GENERAL SER., TAX OFFICE, ELECTION OFFICE, REGISTER OF
DEEDS, TRANSPORTATION, INSPECTION, SOIL & WATER, PARKS & RECREATIION, COOPERATIVE EXT.,
AND LANDFILL. Do Not Charge Admin. Fee's for Injections. Charge cost of vaccine only.

SCOTLAND COUNTY DEPARTMENT OF INSPECTION 2015 PERMIT FEE SCHEDULE

(New Residential/Commercial Additions and Alterations)

1. BUILDING FEES: (Recovery Fee \$10.00 for General Contractors of Residential Projects)

A. Residential Dwellings, Modular Homes and Additions: (\$60.00 Min. any building permit)

Gross Area in Square Feet:

Up to 500 sq. ft. \$60.00 (Minimum)

	<u>HEATED</u>	<u>UNHEATED</u>
500 sq. ft.-2,000 sq. ft.	.12/sq. ft.	.06 sq. ft. (all)
Above 2,000 sq. ft.	.12 sq. ft. first 2000 plus .06 For ea. Additional sq. ft. over 2000	

B. Multi-Family Residential Apartments, Buildings and Condominiums:

- First Unit same as residential dwelling
- Each additional unit: 75% of first

C. Residential Renovations Which Do Not Add Square Feet to Residence:

- Up to \$5,000 \$60.00
- \$5,000-\$10,000 \$90.00
- Above \$10,000 \$90.00(plus \$2/per \$1,000 above \$10,000)

D. Non-Residential Buildings: New, Additions or Renovations: (Modular Offices, Storage Buildings, etc.)

- Up to \$5,000 \$60.00
- \$5,000-\$10,000 \$90.00
- Above \$10,000 \$90.00(plus \$4/per \$1,000 above \$10,000)

E. Large Commercial Projects

- \$1,000,000-less than \$10,000,000 \$3.90 per \$1,000
- \$10,000,000-less than \$20,000,000 \$3.60 per \$1,000
- \$20,000,000-less than \$50,000,000 \$3.50 per \$1,000
- Over \$50,000,000 \$3.30 per \$1,000

(No additional fees for plumbing, electrical and mechanical)

F. Structure other than Buildings: (signs, coolers, ramps, chillers, boilers, towers, etc.)

- Up to \$5,000 \$60.00
- Above \$5,000 \$60.00(plus \$2/per \$1,000 above \$5,000)

G. Certificate of Occupancy \$50.00

H. Demolition \$50.00

I. Swimming Pool \$90.00

SCOTLAND COUNTY DEPARTMENT OF INSPECTION 2015 PERMIT FEE SCHEDULE

2. Manufactured Homes (Mobile Homes Only)

- Singlewide \$165.00
- Doublewide \$210.00

Includes set-up, electrical, mechanical and plumbing

3. Electrical Fees:

A. New Residence:

- Up to 200 amp service \$90.00
- Over 200 amp service \$120.00(plus .20 per amp over 200 amps)

B. Service Repair or Service Change: (Residential)

- 0 to 200 amps \$50.00
- 201 to 400 amps \$75.00
- More than 400 amp service (unlimited) \$95.00

C. Non-Residential: (New Commercial, service repair or service change)

- 0 to 100 amp service \$75.00
- 101 to 200 amp service \$120.00
- More than 200 amp service \$120.00(plus .20 per amp over 200 amps)
- Motors up to 4 horsepower \$3.50
- Motors more than 4 \$6.00

D. Gasoline Pumps:

- First Pump \$50.00
- Each Additional Pump \$10.00

E. Signs: \$50.00

F. Temporary Service: \$50.00

G. Solar Projects:

- a. Building Fee \$60.00(if there are no other type building structure)
- b. Electrical Fee \$50.00 plus
 - Transformers (12) \$10.00 (each)
 - Inverts (10) \$10.00 (each)
 - Strings (11) \$5.00 (each)(20" panels with 20 combined circuits=one string or UL Listed DC Circuit)

H. All Other Electric Permits: \$50.00

SCOTLAND COUNTY DEPARTMENT OF INSPECTION 2015 PERMIT FEE SCHEDULE

4. Plumbing Fees:

- a. Basic Fee \$50.00
- b. Fees shall be based on:

Bath or ½ bath \$30.00

Additional Fixtures (not in bath) \$5.00

(Kitchen sinks, W.H., D.W., W.M.)

- c. Fire Sprinkler System:
 - First 100 Heads \$120.00
 - Each Additional Head \$.50

5. Insulation Fees:

- a. Minimum Insulation \$50.00
- b. Buildings \$.025 (sq. ft. rounded up to next dollar)

6. Mechanical Fees:

- A. First Unit \$50.00
 - Each Additional Units \$10.00(Includes but not limited to residential range hoods, bathroom ventilators, dryers etc.)
- B. Commercial Range Hoods \$60.00
- C. Fire Suppression System \$60.00
- D. Fire Alarms \$50.00
- E. Gas Piping \$50.00
- G. All other Mechanicals \$50.00

***NOTE:** For chillers and boilers, please see “STRUCTURES OTHER THAN BUILDINGS”

7. Daycare Inspection

Basic Fee \$50.00

EXTRA INSPECTIONS

- First Trip \$30.00
- Second Extra Trip \$40.00
- Third Extra Trip \$60.00

SCOTLAND COUNTY DEPARTMENT OF INSPECTION 2015 PERMIT FEE SCHEDULE

*** Extra inspection defined as the third trip for the same inspection or building.

NOTE: A requested inspection scheduled, and a project that is not ready when the request is scheduled, there will be a charge (SEE EXTRA INSPECTION FIRST TRIP).

OTHER REQUESTS:

- Specific Time \$50.00

EMERGENCY ONLY (ELECTRICAL AND WATER CONNECTION)

- After Hours
 - 1. Commercial \$200.00
 - 2. Residential \$100.00
- Holiday/Weekends (minimum) \$200.00

Scotland County Memorial Library

Item	Fee	Limit
Book (Overdue)	\$0.10 / day	\$10.00 / item
Book (Processing)	\$10.00 / item	None
Book (Replacement)	Item Cost	None
DVD (Overdue)	\$1.00 / day	\$30.00 / item
DVD (Processing)	\$10.00 / item	None
DVD (Replacement)	Item Cost	None
Copy (Microfilm)	\$0.20 / page	None
Copy (Machine)	\$0.20 / page	None
Copy (Computer)	\$0.10 / page	None
Library Card (Replacement)	\$2.00	None
Library Card (NC - Out of County)	\$5.00 / year	None
Library Card (Out of State)	\$25.00 / year	None
Computer user (without library card)	\$1.00 / 30 minutes	None
DVD Cleaning	\$2.00 / disc	None
Food 4 Fines	1 can = \$2.00	None

Real Estate Filings

Fee	Pages	Type of Instrument	Description
\$26	First 15 Pages	Corporation Charters, Partnerships & Other Instruments	Pages larger than 8 1/2" x 14" are treated as two pages
\$4	Each Add'l Page		
\$26	First 15 Pages	Deeds	Pages larger than 8 1/2" x 14" are treated as two pages
\$4	Each Add'l Page		
\$56	First 15 Pages	Deeds of Trust or Mortgages	Pages larger than 8 1/2" x 14" are treated as two pages
\$4	Each Add'l Page		
None		Cancellation of Deeds of Trust	There is no fee to register a cancellation.
\$10	Each	Add'l subsequent instrument index reference on Assignments only	Fee incurred at the second index and each additional index.
\$10	Each Add'l Instrument	Multiple Documents	With indication on first page it contains two or more instruments that could be recorded separately (i.e. Deed of Trust and Request for Notice) Note: Register is not required to index multiple instrument whose title does not appear on first page.
\$25	Each	Non-Standard Documents	Fee in addition to other applicable recording fees (see GS 161-14b for recording standards).
\$5	Each Instrument	Comparing Copy for Certification	Comparing and certifying copy of instrument filed for registration when copy is furnished by party filing instrument at time of recording.
\$5	Each	Acknowledgement	For taking acknowledgment, oath or affirmation, or for performance of any notarial act, done in conjunction with any official action performed within the Register of Deeds office.
\$26	First 15 Pages	Removal of Graves Certificate	Pages larger than 8 1/2" x 14" are treated as two pages
\$4	Each Add'l Page		
\$26	First 15 Pages	Notice of Foreclosure	Pages larger than 8 1/2" x 14" are treated as two pages
\$4	Each Add'l Page		
\$21	Each Page	Plats/Condos	Each original or revised plat/condo recorded. The

Fee	Pages	Type of Instrument	Description
			accepted size of plats/condo for recording in Scotland County is 18" x 24".
\$21 \$5	First Page Each Add'l Page	Highway Right of Way Plans	Each original or amended plan recorded
\$5	Each Page	Transportation Corridor Maps	Each original or amended map recorded

Fee	Pages	Type of Instrument	Description
	1-2 Pages		
\$38	3-10 Pages		Original Financing Statement, Amendment, Collateral Release, Assignment, Termination or Continuation effective 7/1/2001, only
\$45	Each	UCC	original financing statements and amendments whose collateral include fixtures, timber to be cut, or as-extracted collateral should be filed in the local office.
\$2	Add'l Page		
	Over 10		

Notary Public

Fee	Pages	Type of Instrument	Description
\$10	Each	Oath	Administer oath and record
\$5	Each	Certificate	Certification of Notary Commission

Birth, Death or Marriage Records

Fee	Pages	Type of Instrument	Description
\$10	Each	Certified Copy	Birth, Death or Marriage records for Scotland County only. Documents will have raised seal and are good for legal purposes.
25¢	Each	Un-Certified Copy	Birth, Death or Marriage records for Scotland County only. Documents do NOT have raised seal. For information only.
\$60	Each	Marriage License	Issuance of license
\$25	Each	Duplicate Marriage License	If you were married, but the license was not received by our office, a duplicate can be prepared if it has been less than 60 days since the date of issuance.
\$20	Each	Delayed Marriage	If you were married, but the license was not returned to our office

Fee Pages	Type of Instrument	Description
		and it has been more than 60 days after the issue date, a delayed certificate can be prepared.
\$10 Each	Marriage Corrections	Correction of names in application or license plus one certified copy
\$35 Each	Birth & Death Record Amendment	Amendment to Birth and Death record previously recorded. NOTE: Payment must be \$20 to Register of Deeds and \$15 money order payable to NC Vital Records.
\$20 Each	Delayed Birth Certificate (Scotland)	Preparation of papers in Scotland County when birth occurred <i>in Scotland County</i> plus one certified copy.
\$20 Each	Delayed Birth Certificate (other County)	Preparation of papers in Scotland County when birth occurred <i>in another county</i> . NOTE: After completion, a certified copy may be purchased from the County of birth.
\$50 Each	Delayed Birth Certificate (Emergency)	<i>Emergency use only.</i> A fee may be paid to expedite the delayed birth process. This does not guarantee, but typically reduces the process time for registering a delayed birth. NOTE: Payment must be \$20 to Register of Deeds and \$30 money order payable to NC Vital Records.
\$35 Each	Legitimation	Preparation of records for legitimation plus one certified copy. NOTE: Payment must be \$20 to Register of Deeds and \$15 money order payable to NC Vital Records. Legitimations cannot be expedited.

WATER DISTRICT I & II FEE SCHEDULE 2015 - 2016

WATER RATES:

0 - 2000 GALLONS	\$ 27.13
2001 - 5000 GALLONS	\$ 27.13 plus \$ 3.16 for every 1,000 gallons between 2,000 and 5,000 gallons
OVER 5000 GALLONS	\$ 36.61 plus \$4.60 for every 1,000 gallons over 5,000 gallons

MORE THAN ONE DWELLING PER METER:

When more than one dwelling unit is served by a single meter, each and all dwelling units must comply with the requirement of the SCHEDULE; and the monthly bill shall be computed by dividing the total water metered during the billing period by the number of dwelling units; then calculating a bill "per dwelling unit". The total bill shall be the "per dwelling unit" bill multiplied by the number of dwelling units.

TAP FEE:

Up to ¾"	\$ 1,000.00
Greater the ¾"	Direct cost of tap

PAYMENT AND SERVICE CHARGE FOR LATE PAYMENTS:

Bill shall be paid at Laurinburg's City Hall on or before the 20th day of the month during which the bill is due. If payment is not made within this period, a charge shall be added. This charge will be 1.5% of the balance due after the 20th of the month in which the bill is rendered, or \$5.00, whichever is greater.

The Water District will accept the following bank credit cards for bill payments, deposits, or fees:

1. Master Card
2. Discover
3. American Express
4. Visa

The Water District will accept a card payment in person only and will verify each charge with the issuing bank.

DISCONTINUANCE OF SERVICE:

A reminder notice may be sent to the customer after the 20th of each month. If payment is not received by the 25th of the same month, services will be disconnected without further notice. Failure of the customer to receive notice is not acceptable as an excuse for failure to pay a utility bill when due.

RETURNED CHECK:

The Water District will charge \$25.00 for each check made payable to the Water District if the check is returned. This charge shall be in addition to any other bills or charges that are due and payable.

SERVICE CHARGE FOR RESTORING SERVICE:

If services are disconnected for non-payment or a service call to disconnect services has been made, a charge of \$35.00 will be added to the account and full payment, or agreement of full payment, will have to be made before services are restored.

In event that the reconnection is made after normal working hours for the convenience of the Customer, the reconnection charge shall be \$ 75.00.

After having been disconnected for delinquent payment or for any other reason, and the meter has been reconnected by anyone other than an authorized person, a charge of \$50.00 and up will be added to the account.

UTILITY DEPOSIT:

A utility deposit will be required at the time of application for service is made or restoring disconnected services.

WATER: \$ 63.00

COMMERCIAL AND OTHER SCHEDULES:

Deposit required - Two month's bill as estimated by the City.

A utility deposit is also required if at any time services have been disconnected or a service call to disconnect services has been made. The deposit amount will need to meet the requirements set above.

STATE SALES TAX:

Sales tax as imposed by the state will be shown as a separate item on each monthly bill.