| Fee Description | Curr | Current Fees | |
|--|----------------------------------|--------------|--|
| Clinical Services | | | |
| Immunizations (plus cost of vaccine administered) | | | |
| 90471 Immunization administration 1 st (incl PPD) | \$ | 31.98 | |
| 90472 Immunization administration 1 (Incl 1112) | \$ | 11.22 | |
| 90471/G0008 Flu Admin Fee Medicare Rate | \$ | 22.21 | |
| 90471/G0009 Pneumonia Admin Fee Medicare Rate | \$ | 22.21 | |
| 96372 Injection Fee | \$ | 35.20 | |
| 56501 Destruction of Lesions - Female | \$ | 44.56 | |
| 54050 Destruction of Lesions - Male | \$ | 76.88 | |
| Nurse Practitioner or MD | | | |
| 99201 Office/outpatient visit new | \$ | 152.84 | |
| 99202 Office/outpatient visit new | \$ | 183.00 | |
| 99203 Office/outpatient visit new | \$ | 213.17 | |
| 99204 Office/outpatient visit new | \$ | 258.68 | |
| 99205 Office/outpatient visit new | \$ | 303.66 | |
| 99384 Prev Visit new, age 12-17 | \$ | 183.00 | |
| 99385 Prev Visit new, age 18-39 | \$ | 213.17 | |
| 99386 Prev Visit new, age 40-64 | \$ | 258.68 | |
| 99387 Prev Visit new, age 65+ | \$ | 303.66 | |
| 99212 Office/outpatient visit established | \$ | 145.35 | |
| 99213 Office/outpatient visit established | \$ | 160.70 | |
| 99214 Office/outpatient visit established | \$ | 175.51 | |
| 99215 Office/outpatient visit established | \$ | 205.68 | |
| 99394 Prev Visit est, age 12-17 | \$ | 160.70 | |
| 99395 Prev Visit est, age 18-39 | \$ | 175.51 | |
| 99396 Prev Visit est, age 40-64 | \$ | 205.68 | |
| 99397 Prev Visit est, age 65+ | \$ | 205.68 | |
| 58300 IUD Insertion | \$ | 164.76 | |
| 58301 IUD Removal | \$ | 116.02 | |
| 11982 Implant Removal | \$ | 185.23 | |
| 11983 Implant Insertion | \$ | 185.23 | |
| 55250 Vasectomy | OVP Rate (currently \$800.00) | | |

| Registered Nurse | | |
|--|---|----------------|
| T1001/99211 Office/outpatient visit | \$ | 77.01 |
| | | |
| Misc Tests/Services | | |
| 85018 Hemoglobin | \$ | 6.42 |
| 81025 Pregnancy Test | \$ | 5.60 |
| 81002 Urine Dip | \$ | 5.40 |
| 36415 Venipuncture | \$ | 47.20 |
| 87210 Wet Mount | \$ | 28.50 |
| Lab Collection | \$ | 44.55 |
| Maternity Case Management or Healthy Beginnings Prenatal and Postpartu | m Home Visits: | |
| One Home Visit | \$ | 229.00 |
| | | |
| Targeted Case Management Services | | |
| One Home Visit | \$ | 229.00 |
| | | |
| Vital Records (fees set by OAR 333-011-0106) Currently: | | |
| Birth Certificate (each) | \$ | 25.00 |
| Death Certificate (each) | \$ | 25.00 |
| Certificate Replacement (each) | \$ | 5.00 |
| Birth and Death Search | \$ | 17.00 |
| Environmental Health | | |
| Drinking water | | |
| Drinking Water Review for Land Use Application | \$ | 83.00 |
| | φ | 83.00 |
| School Food Services | | |
| On Site Prep/Central Kitchen | \$ | 247.00 |
| Satellite/Finishing Kitchen | \$ | 165.00 |
| | Ψ | |
| USDA/ODE delivery route with serving site(s) or serving site only. | | 158.00/hr |
| Child Care Facilities | | |
| Child Care Centers (or any facility) with ≥ 17 children | \$ | 226.00 |
| Child Care Centers: Kitchen Plan Review (in office only) | \$ | 59.00 |
| | | |
| Child Care Facility (not a Center) with <u><</u> 16 children | \$ | 174.00 |
| Loan Inspections | | |
| | 109 | 00+lab costs & |
| Water Test (up to 3 samples per site) | S/H | |
| | 75.00 per sa | |
| Water Test Annual Contract (minimum 4 sample events) | 75.00 per sample + lab costs, & any S/H] | |

| Private water system evaluation (does not include flow measurement) | 4 | 30.00+ lab costs |
|--|--------------|------------------|
| Water sample result not submitted to CHW within 10 days of the sampling period's conclusion as per sampling requirements found in OAR 333-029-0075 (c) and (d) (A)(B)(D)(E). Maximum \$360 per year. | | 72.00/sample |
| Food Service Operations | | |
| Restaurants | | |
| Full Service 1-15 seats | \$ | 716.00 |
| Full Service 16-50 | \$ | 876.00 |
| Full Service 51-150 | \$ | 1,027.00 |
| Full Service 151+ seats | \$ | 1,097.00 |
| Limited Service | \$ | 456.00 |
| Entitled/Needy Population Food Service [per ORS 624.490(3)] 20 meals or more per month | \$ | 563.00 |
| Entitled/Needy 80% 12 meals per month | \$ | 454.00 |
| Entitled/Needy 68% 8 meals per month | \$ | 383.00 |
| Entitled/Needy 56% 4 meals per month | \$ | 318.00 |
| Entitled/Needy 50% 2 meals per month | \$ | 285.00 |
| Temporary Restaurant-Single Event | | |
| Government Administrative Consultation | \$ | 25.00 |
| Benevolent Administrative Consultation | \$ | 25.00 |
| Profit Temporary Restaurant License | | |
| Single Event; Intermittent (30 day) Temporary | | 203.00* |
| Restaurant; Seasonal (90 day) Temporary Restaurant | | |
| Operation Plan Review for Intermittent Restaurant or Seasonal Temporary Restaurant | \$ | 35.00 |
| School Concessions "Reduced Risk Menu" Seasonal Temporary Restaurant | | 153.00** |
| * The fee for a temporary restaurant will be reduced by \$46.00 if a completed application and correceived by the Health Department at least 10 days prior to the event. This does not apply to Scho 2019. | ol Concessio | ns after June |
| ** Effective July 2019, The fee for each School Concession application, submitted and paid p school year, shall be reduced by \$46.00. | prior to the | first duy of the |
| Mobile Unit licensed in another Oregon county | ¢ | 0- 00 |
| ORS 624.650(1) | \$ | 25.00 |
| Commissary (food preparation) | \$ | 247.00 |
| Commissary (dish washing) | \$ | 137.00 |
| Warehouse | \$ | 137.00 |
| Mobile Unit | | |
| - Class I or II | \$ | 265.00 |
| - Class III | \$ | 380.00 |
| - Class IV | \$ | 430.00 |

| Vending Machines | | |
|---|----------------|---|
| 1-10 | \$ | 99.00 |
| 11-20r | \$ | 148.00 |
| 21-30 | \$ | 196.00 |
| 31-40 | \$ | 246.00 |
| 41-50 | \$ | 306.00 |
| In excess of 50 machines | | 212.00 plus 2.00 |
| | | /machine |
| Bed & Breakfast (food license) | \$ | 290.00 |
| Class Scheduling for Food Handler's Certification (Fee applies to 15 person minimum attendance. Non Transferable and Nonrefundable within 10 days of scheduled class.) | \$ | 150.00 |
| Food Handler's Card (valid 3 years) ORS 624.570(5) | \$ | 10.00 |
| Duplicate Food Handler Card ORS 624.570(5) | \$ | 5.00 |
| Training Material for Food Services | ψ | |
| | \$ | 10.00 |
| Sanitation Supplies | | +10% whichever is |
| | | greater |
| Food Service Manager Certification Test Registration (Non-refundable and non- transferable within two weeks of scheduled class) | \$ | 50.00 |
| Food Service Manager Certification Course | and/or a | urse testing material ny third party costs. Does not include test registration fee.) |
| Manager Certification Exam Retakes | materia par | st of course testing l and/or any third ty costs. (Does not st registration fee.) |
| Reprinting any Food, Pool or Tourist license | \$ | 15.00 |
| <i>Food Service Plan Review (initial construction)</i> Full Service | | |
| Includes one hour of field consultation, 85 minutes of office review and one Pre- opening inspection. Logged review time in excess of 85 minutes will be thereafter charged in quarter hour increments at \$158.00/hr | \$ 525.00 | |
| Bed & Breakfast | \$ | 245.00 |
| Commissary (Dishwashing) | \$ | 110.00 |
| Commissary (Food Preparation) | \$ | 226.00 |
| Warehouse | \$ | 90.00 |
| Limited Service | \$ | 225.00 |
| Mobile Unit Class I & II | \$ | 225.00 |
| Mobile Unit Class III & IV | + · | |

| Includes 75 minutes of office review time and one Pre-opening inspection. Logged | Φ | 252.00 |
|---|------|--------------|
| review time in excess of 75 minutes will thereafter be charged in quarter hour increments at \$158.00/hr for mobile units III & IV. | \$ | 353.00 |
| | | |
| School Kitchen Plan Review | | 158.00/hr* |
| Additional Pre-Opening Inspection (beyond one included in plan review) | | \$158.00/hr* |
| Pre-licensing on site consultation | | \$158.00/hr* |
| Food Service Plan Review – remodel | | |
| Full Service | \$ | 249.00 |
| School Kitchen Plan Review | | 158.00/hr* |
| Other Food Facilities | \$ | 120.00 |
| Two Maximum Plumbing Fixtures | \$ | 102.00 |
| Swimming pools & spas | | |
| First Pool/Spa Includes one re-inspection | \$ | 505.00 |
| Additional Pool/Spa Includes one re-inspection | \$ | 302.00 |
| Plan Review _ORS 448.030(4) | \$ | 300.00 |
| Tourist Facilities | | |
| Hotels/Motels/Vacation Rentals | | |
| 1 unit | \$ | 182.00 |
| 2-10 units | \$ | 270.00 |
| 11-25 units | \$ | 312.00 |
| 26-50 units | \$ | 360.00 |
| 51-75 units | \$ | 418.00 |
| 76-100 units | \$ | 465.00 |
| 100+ units | \$ | 489.00 |
| * + \$1.50 each unit over 100 | | |
| R.V. Parks | | |
| 1-10 | \$ | 344.00 |
| 11-25 | \$ | 369.00 |
| 26-50 | \$ | 413.00 |
| 51-75 | \$ | 457.00 |
| 76-100 | \$ | 496.00 |
| 101+ units + \$1.50 each unit over 100 | - | 535.00+ |
| Administrative Fee for license exempt recreation parks and public parks operated | | \$158.00/hr* |
| by municipalities, counties, timber companies, or public utilities, per inspection | | |
| Bed & Breakfast (tourist) | \$ | 184.00 |
| Organizational Camps | \$ | 586.00 |
| Outdoor Mass Gathering Event, Process Fee | - \$ | 5,000.00 |
| (Not under Planning Dept. purview) ORS 433.750(6) | * | |
| Outdoor Mass Gathering Event, Process Fee | _ | 2,500.00** |
| (Under Planning dept. purview) | | _,000.00 |

| Picnic Parks | \$ | 89.00 |
|--|---|---------------------------|
| Tourist Facility Plan Review | | 158.00/hr* |
| | | |
| Proration of fees for new operations opening during year (percent of annual | | |
| fee)OAR 333-012-0053(6)(g) January 1 – September 30 | \$ | 1.00 |
| October 1 – December 31 | \$ | 0.50 |
| | | |
| Penalties | =00/ | <u>. 1</u> |
| Beginning operation without a license | 50% 0 | f licensing fee |
| Construction or remodeling without a plan review (In addition to Plan Review Fee) | 50.00/day beginning with day of notification of responsible party | |
| Late Fees: Reinstatement of lapsed food license, in addition to the annual fee, is \$100 plus \$100 for each month of delinquency thereafter. (ORS 624.490) | 100.00 plus 100.00 for each mo. or delinquency | |
| Late Fees: Delinquency to renew a tourist facility license after 15 days past expiration causes a penalty fee of 50% to be added to the annual license fee and an additional 50% shall be assessed on the first day of each succeeding month of delinquency. (ORS 446.323) | | |
| Late Fees: Reinstatement of lapsed pool/spa license, in addition to the annual fee is \$100 plus \$100 for each month of delinquency | | |
| Late Payment fee for non-renewal invoices: net 45 days is 5% of the invoice amount or \$25, whichever is greater. | | |
| Additional Inspections: | | |
| Additional inspections of public pools and spas (in excess of 2 per year). | | <u>\$158.00/hr*</u> |
| Additional inspections of tourist facilities (in excess of 1 per year). | | <u>\$158.00/hr*</u> |
| Additional follow-up inspections of restaurants and food facilities (in excess of 2 per year) | | \$158.00/hr* |
| Inspections or consultations without a designated fee | | <u>\$158.00/hr*</u> |
| Jail Inspection Fee | | <u>\$158.00/hr*</u> |
| *Hourly fees are charged at a one hour minimum and in quarter hour increments thereafter | | |
| Fees that reflect State Reimbursement shall be adjusted as necessary to reflect chan reimbursement. The Health Department may adjust fees as necessary to reflect cha laboratory costs. The Health Department may adjust fees as necessary to reflect the for services. The Health Department may waive or reduce fees when to do so is in County. | nges in sup ability of c | pply and lients to pay |