

**KITSAP PUBLIC HEALTH DISTRICT COMMUNITY HEALTH FEE SCHEDULE
EFFECTIVE 06/01/2015**

FPL Sliding Fee Gross Monthly Income	Family Size	100% pay	201%-250% 75% pay	151%-200% 50% pay	101%-150% 25% pay	<100% 0% pay
		1	\$2,476 >	\$1,981 - \$2,475	\$1,486 - \$1,980	\$991 - \$1,485
2	\$3,339 >	\$2,671 - \$3,338	\$2,004 - \$2,670	\$1,336 - \$2,003	\$0 - \$1,335	
3	\$4,201 >	\$3,361 - \$4,200	\$2,521 - \$3,360	\$1,681 - \$2,520	\$0 - \$1,680	
4	\$5,064 >	\$4,051 - \$5,063	\$3,039 - \$4,050	\$2,026 - \$3,038	\$0 - \$2,025	
5	\$5,926 >	\$4,741 - \$5,925	\$3,556 - \$4,740	\$2,371 - \$3,555	\$0 - \$2,370	
6	\$6,789 >	\$5,431 - \$6,788	\$4,074 - \$5,430	\$2,716 - \$4,073	\$0 - \$2,715	
7	\$7,654 >	\$6,123 - \$7,653	\$4,593 - \$6,122	\$3,062 - \$4,592	\$0 - \$3,061	
8	\$8,521 >	\$6,817 - \$8,520	\$5,113 - \$6,816	\$3,409 - \$5,112	\$0 - \$3,408	

For family units with more than 8 (eight) members, add \$347 monthly for each additional family member.

Title X fees are based on gross income and size of family.

CPT LABORATORY

80053	Comprehensive Metabolic Panel	\$	38								
80076	Hepatic Function Panel	\$	35								
81002	Urinalysis, w/o microscopic, dipstick (all)	\$	5	\$	4	\$	3	\$	1	\$	-0-
81025	Pregnancy Test - urine	\$	5	\$	4	\$	3	\$	1	\$	-0-
86480	IGRA	\$	54								
86592	VDRL (State Laboratory)	N/C									
86701	HIV testing (Orasure or Quick Test)	N/C									
86701	HIV Testing-Serum (State Laboratory)	N/C									
86706	Hepatitis B, surface antibody (anti-HBs)	\$	27								
86735	Mumps Titer	\$	28								
86762	Rubella Titer	\$	28								
86765	Measles Titer (rubeola)	\$	28								
86787	Varicella Titer	\$	28								
87210	Wet Mount	\$	5	\$	4	\$	3	\$	1	\$	-0-
87252	Herpes Culture (State Laboratory)	N/C									
87252	Herpes Simplex IgG Type 1	\$	32								
87252	Herpes Simplex IgG Type 2	\$	32								
	Chlamydia/GC PCR (Region X Chlamydia Project)	N/C									
87491	Project)	N/C									
87520	Hepatitis C Screening	Not Available									
87621	HPV	\$	40								
88142	Pap Smear, thin prep	\$	17	\$	13	\$	9	\$	4	\$	-0-
89220	Sputum	\$	6								
	Plus										
99211	Minimal Office Visit	\$	62	\$	47	\$	31	\$	16	\$	-0-
	Or										
36415	Venipuncture	\$	62	\$	47	\$	31	\$	16	\$	-0-
	Or										
36416	Capillary Blood Specimen	\$	62	\$	47	\$	31	\$	16	\$	-0-

ALL outside laboratory must be billed to Medicaid or private insurance by the outside laboratory and/or paid by the patient at the time of service.

Services in Title X project are highlighted in Red