Lenoir County Health Department
Fee Schedule,
July 1, 2002

*100% of sliding fee schedule/Non-Medicaid

DESCRIPTIONS	FEES*
NEW PATIENTS	
Office Visit Level 1- Minimal	$70.00
Office Visit Level 2- Problem Focused	$100.00
Office Visit Level 3- Expanded	$135.00
Office Visit Level 4- Detailed	$200.00
Office Visit Level 5- Comprehensive	$250.00
Preventive Exam -Under 1 Yr	$110.00
Preventive Exam 1-4 Yrs	$120.00
Preventive Exam 5-11 Yrs	$165.00
Preventive Exam 12-17 Yrs	$180.00
Preventive Exam 18-39 Yrs	$175.00
Preventive Exam 40-64 Yrs	$210.00
Preventive Exam 65 & Older	$235.00
ESTABLISHED PATIENTS	
Office Visit Level 1- Minimal	$40.00
Office Visit Level 2- Problem Focused	$65.00
Office Visit Level 3- Expanded	$90.00
Office Visit Level 4- Detailed	$130.00
Office Visit Level 5- Comprehensive	$195.00
Preventive Exam Under 1 Yr	$90.00
Preventive Exam 1-4 Yrs	$100.00
Preventive Exam 5-11 Yrs	$145.00
Preventive Exam 12-17 Yrs	$165.00
Preventive Exam 18-39 Yrs	$160.00
Preventive Exam 40-64 Yrs	$170.00
Preventive Exam 65 & Older	$185.00
MATERNITY SERVICES	
Ultrasoun d	$108.00
24 HR Urine	$30.00
Delalone per 4 mg	Cost+$5.00
Fetal Non-Stress Test	$50.00
PostPartum Assess. Home Visit	$60.00
Rho (D) Immune Globulin	$115.00
FAMILY PLANNING	
Depo-Provera	$50.00
Diaphragm Fitting	$85.00
Para Gard T380A (IUD)	$325.00
Insertion (IUD)	$94.00
Removal (IUD)	$105.00
STD/ COMMUNICABLE DIS.	
Chest X-Ray PA	$40.00 Flat Fee
Chest X-Ray PA and Lat	$60.00 Flat Fee
NUTRITION SERVICES	

Enhanced Nutrition Counseling	$47.00
Medical Nutrition Therapy	$50.00
IMMUNIZATIONS & INJECTIONS	
Hepatitis B Adult 19 & over	$40.00 Flat Fee
PPD	$10.00 Flat Fee
Td Adult	$10.00 Flat Fee
Varicella - Chicken Pox	$50.00 Flat Fee
CHILD HEALTH SERVICES	
Assessment Periodic	$90.00
Assessment Interperiodic	$90.00
Child Service Coordination	$89.00
Newborn Assessment Home Visit	$60.00
Audiometry	$20.00
DENVER	$90.00
Initial Oral Screen & Varnish<3yrs old	$50.00
Periodic Oral Screen & Varnish<3yrs old	$40.00
LABORATORY SERVICES	
Cholesterol	$13.00 Flat Fee
Glucose- Fasting/Random	$10.00 Flat Fee
1 Hr. or 2 Hr GTT Screen	$15.00
3 Hr GTT	$25.00
GTT- each specimen > 3	$10.00
Hemoglobin	$10.00
Hemocult	$10.00
Urinalysis	$10.00
Urine with microscopic	$15.00
Urine Pregnancy Test	$12.00 Flat Fee
Wet Mount	$12.00
Blood specimen collection- any site	$10.00
Venipuncture Fee- < 3Yrs	$30.00
Urine Culture & Sensitivity	$30.00
Group B Strep	$20.00
Handling Fee	$5.00
MISCELLANEOUS SERVICES	
Catheterization	$120.00
Supplies	
Replace OCPs per pack *based on income	$6.00
TB Screening Form	$8.00 Flat Fee
Modified Female Exam	$45.00 Flat Fee
Pre-Exposure Rabies Vaccine	$106.00 Flat Fee
HEALTH EDUCATION	
Childbirth Education Class	$87.00
Childbirth Refresher Class	$33.00
Parenting Education Class	$75.00