

Spokane Regional Health District  
2012 Fee Schedule

CODE FEE

GENERAL AND ADMINISTRATIVE SERVICES	
<b>ROOM RENTAL: For Profit not exempted by Health Officer</b>	
Hourly use of Meeting Rooms	\$ 10.00
Hourly use of Auditorium	\$ 20.00
Hourly use of Video Conferencing equipment - For Profit not exempted by Health Officer	\$ 35.00
Hourly use of audio equipment - For Profit not exempted by Health Officer	Itemized Below
Room Setup and furniture realignment - per required service	\$ 25.00
Room Cleanup and furniture realignment - per required service	\$ 25.00
<b>COPIES:</b>	
Photocopy - <i>per sheet</i> (RCW 42.56.120)	\$ 0.15
Public Disclosure, non-medical, no redaction per copy (RCW 42.56.120)	\$ 0.15
Medical or Non-medical with redaction	.15/copy + \$80/hour
Audio Tape - <i>per Cassette</i>	\$ 7.50
Notarial service for non-Health District business (WAC 308-30-020) <i>per document</i>	\$ 10.00
<b>MULTIMEDIA FEES:</b>	
<b>Video Projector</b> ( <i>per event per day</i> )	\$ 15.00
<i>Displays video from in room computer</i>	
<i>Displays video from DVD or VHS tape</i>	
<i>Standard VGA connection for Laptop</i>	
<b>Computer Equipment</b> ( <i>per event per day</i> )	\$ 20.00
<i>Windows Operating System</i>	
<i>Microsoft Office Professional</i>	
<i>Wireless Keyboard and Mouse</i>	
<i>Audio connected to Auditorium speakers</i>	
<b>Meeting Audio and Video Setup/Operation</b>	
Public Address system with 1 wired and 1 wireless microphone - <i>per event</i>	\$ 60.00
Each additional wired microphone in room 140 (10 maximum) - <i>per event</i>	\$ 20.00
Each wired microphone in room 320 (15 maximum) - <i>per event</i>	\$ 10.00
Each additional wireless microphone (3 maximum) - <i>per event</i>	\$ 30.00
<b>Multimedia Production</b>	
Pre-Production (story boarding, script review, 3rd party media material) - <i>per hour</i>	\$ 60.00
Record audio includes tape and operator - <i>per hour</i>	\$ 45.00
Record audio includes tape but no operator - <i>per tape</i>	\$ 7.50
One camera and operator - <i>per hour</i>	\$ 175.00
Two cameras and operators - <i>per hour</i>	\$ 350.00
Studio / Filming (studio/conference room use, video taping) - <i>per hour</i>	\$ 200.00
Digitizing (transforming capture video to digital format) - <i>per hour</i>	\$ 60.00
Editing - <i>per hour</i>	\$ 200.00
On Demand Video Streaming - <i>per hour</i>	\$ 75.00
Live Full Facility Event Streaming - <i>per hour</i>	\$ 350.00
Create CD or DVD label - <i>per label creation</i>	\$ 10.00
Duplication of DVD-R - <i>per each quantity of 50</i>	\$ 60.00
Duplication of CD-R - <i>per each quantity of 50</i>	\$ 32.50
* <i>Additional Services Available via Contract</i>	
Duplication of audio cassette tape - <i>each</i>	\$ 7.50
<b>Setup Video Projector (per event per day)</b>	
Room 140 and 320 (1 hour minimum) - <i>per hour</i>	\$ 40.00
Room 350 and 310 (1/2 hour minimum) - <i>per hour</i>	\$ 40.00

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**DISEASE PREVENTION AND RESPONSE**

**COMMUNITY HEALTH ASSESSMENT PROGRAM:**

**Technical Assistance:**

Standard Hourly Rate \$ 83.13

**HIV/AIDS PROGRAM:**

**HIV/AIDS Training:**

Certificate Name Change \$ 5.00

Reissuing Certificate \$ 5.00

HIV/AIDS Related Training (Including Travel and Prep Time) Per Hour \$ 60.00

**HIV/AIDS Assessment:**

T2022 HIV/AIDS Part Month Assessment \$ 88.09

T2022 HIV/AIDS Full Month Assessment \$ 176.18

T2022 HIV/AIDS Comprehensive Assessment \$ 176.18

**Blood Borne Pathogen Training:**

Per hour \$ 60.00

Training Materials - per participant \$ 1.00

**CLINIC VISITS - NEW PATIENT:**

99211 Minimum (use for children immunization visit only)

99202 Brief - Up to 15 minutes \$ 66.00

99203 Expanded - 16 to 30 minutes \$ 85.00

99204 Detailed - Over 30 minutes \$ 105.00

**(above OV's used for Clinical Services excluding IMMS)**

99402 HIV Pre/Post Counseling (30 minutes) \$ 45.00

99403 HIV Pre/Post Counseling (45 minutes) \$ 55.00

**CLINIC VISITS - ESTABLISHED PATIENT:**

99213 Brief - Up to 15 minutes \$ 58.00

99214 Expanded - 16 to 30 minutes \$ 69.50

99215 Detailed - Over 30 minutes \$ 90.00

**(above OV's used for Clinical Services excluding IMMS)**

**TUBERCULOSIS SERVICES:**

99202 Office Visit - Skin Test or QuantiFERON Test \$ 35.00

86580 PPD Skin Test \$ 10.00

***The total fee for a PPD Skin Test is \$45.00 (Office Visit \$35.00 + PPD Skin Test \$10.00)***

99203 Initial MD Visit \$ 84.00

99214 MD Follow Up Visit \$ 84.00

99213 DOT Videophone Visit, established patient \$ 58.00

99213 TB OV, Monthly Medication Evaluation \$ 58.00

99341 DOT Initial Home Visit, new patient \$ 88.00

99347 DOT Home Visit, established patient \$ 68.00

71010 Processing and Reading X-rays - 1 View

71020 Processing and Reading X-rays - 2 Views

76140 Reading X-ray

**CHILDHOOD IMMUNIZATIONS :**

***The following service fees for administering childhood immunizations will be charged in addition to the fee for a minimum clinic visit but no charge for vaccine will be made.***

90700 DTaP

90702 DT

90718 Td

90648 HIB

90713 IPV

90707 MMR

90744 Hepatitis B - Age 0 thru 18

90633 Hepatitis A

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CODE		FEE
90716	Varicella	
90669	Prevnar	
<b>OTHER IMMUNIZATION SERVICES:</b>		
	Immunization Record Reissue	\$ 12.00
<b>IMMUNIZATION ONLY VISITS:</b>		
99211	Imms - Flu Injection OV Only (9/1/10 - 8/31/11)	\$ 17.00
99211	Imms - Brief OV (1-10 min)	\$ 30.00
99211	Imms - Expanded OV (over 10 min)	\$ 45.00
90471	Vaccine Administration Fee (1st Inj)	\$ 10.00
90472	Vaccine Administration Fee (Add'l Inj)	\$ 10.00
99202	Travel Consultation Visit	\$ 50.00
<b>** Office visit fee plus administration fee does not include cost of the vaccine. The cost of</b>		
<b>OTHER INDIVIDUAL CLIENT SERVICES:</b>		
36415	Venipuncture	\$ 6.00
86703	Rapid HIV test	\$ 25.00
86703	Court ordered HIV test (if no insurance, OV charge waived)	\$ 25.00
<b>COMMUNITY AND FAMILY SERVICES</b>		
<b>SUPPORT SERVICES:</b>		
	Standard hourly rate	\$ 80.00
	Child Care Consultation (per hour)	\$ 80.00
	Professional training to community/others (per hour)	\$ 80.00
	Court Appearance (per hour) PHN	\$ 80.00
	Court Appearance (per hour) PHN	\$ 70.00
	Court Appearance (per hour) PHN	\$ 70.00
	Court Appearance (per hour) PHN	\$ 70.00
	Court Appearance (per hour) PHN	\$ 70.00
	Court Appearance (per hour) HPS/ECDS	\$ 65.00
	Court Appearance (per hour) PHE	\$ 60.00
<b>OPIOID TREATMENT SERVICES</b>		
	Witness Testimony Fee (per hour) Health Program Specialist	\$ 60.00
	Witness Testimony Fee (per hour) PHN	\$ 75.00
<b>Courtesy Dosing</b>		
H0020	Courtesy Dose Daily Rate	\$ 12.79
<b>Methadone Services Per Month</b>		
H0020	Methadone Services Daily Rate	\$ 12.79
<b>Methadone - VA Client (Contract Period 8/1/11 - 7/31/12)</b>		
H0001	Initial Assessment	\$ 211.00
H0020	Daily Rate	\$ 13.78
<b>Methadone - VA Client (Contract Period 8/1/12 - 7/31/13)</b>		
H0001	Initial Assessment	\$ 217.00
H0020	Daily Rate	\$ 14.19
<b>Restabilization</b>		
80102	Drug of Abuse Screening	\$ 150.00
<b>Interim Services</b>		
	Interim Services (at a \$ / hr rate)	\$ 43.00

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HEALTH PROMOTION	
<b>LICE CONTROL SUPPLIES:</b>	
Lice Combs	\$ 7.00
DVD	\$ 1.00
Shipping and Handling for the Video	\$ 5.00
<b>TRAINING:</b>	
Child Safety Seat Awareness Workshop (8 hour workshop)	\$ -
Car Seat Technician Certification Class	\$ -
<b>TOBACCO I 901:</b>	
Warning level (First inspection)	No Fee
Second Reinspection	\$ 100.00
Third Reinspection	\$ 200.00
Further Reinspections	\$ 625.00
Late Fee on Balances over 90 days due	\$ 50.00
Civil Fine for Re-Offenders	\$ 100.00
25 ft. Variances	\$ 70.00
<b>ASSIST:</b>	
2 - Day Workshop	\$ 120.00
<b>HEALTH PROMOTION TRAINING:</b>	
1/2 - Day Workshop	\$ 40.00
1 - Day Workshop	\$ 80.00
<b>QPR Training:</b>	
Online Training Module - per module	\$ 9.95
<b>SAIL Instructor Training</b>	
Instructor Training	\$ 95.00
ENVIRONMENTAL PUBLIC HEALTH	
<b>GENERAL FEES:</b>	
Standard Hourly Rate (per hour)	\$ 110.00
Operating without a valid permit	\$ 175.00
Construction begun without approval	50% of Plan Review Changes
<b>Copies of Rules and Regulations:</b>	
Solid Waste Management Regulations	\$ 8.00
Food Service Regulations	\$ 8.00
Sewage Disposal Regulations	\$ 8.00
Water Recreation	\$ 8.00
<b>Environmental Impact Statement (SRHD as Lead):</b>	
Preparation, Printing, Initial Distribution of Draft and Final Statement	Proponent Cost
Copy Purchase Price	Established for each EIS
Review of SEPA Documents	\$100 + Standard Hourly Rate
Word Processing and Computer Services	Standard Hourly Rate
Illegal Drug Lab Evaluation, Posting, and Cleanup Plan Review	Standard Hourly Rate
Review of Projects Not Otherwise Specified Herein	Standard Hourly Rate
Reinstatement of Suspended Permit (Unless Otherwise noted)	\$ 330.00
Late Collection Fee	\$ 100.00
Administrative Fee (Cancelled Apps, Returned Checks, Mailings, Permit Transfers,etc.)	\$ 50.00
Rabies Specimen Handling plus Veterinary and Shipping Fee	Veterinary and Shipping Fee + Standard Hourly Rate
Request for Waiver or Variance from Regulations (Except Solid Waste)	\$ 150.00
Epidemiology - Associated with a specific permitted facility	Standard Hourly Rate
<b>Routine Reinspection of Establishment:</b>	

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First Reinspection	\$ 170.00
Second Reinspection without Followup Inspection	\$ 300.00
Second Reinspection with Follow-up Inspection	\$ 440.00
<b>Review of Plans and Preoccupancy:</b>	
Plan Review	Standard Hourly Rate
Preoccupancy Inspection	Standard Hourly Rate
<b>WATER RECREATION FACILITIES:</b>	
<b>Permit to Operate Swimming Pool/Spa *</b>	
<i>Annual</i>	\$ 950.00
<i>Seasonal</i>	\$ 520.00
<b>Permit to Operate Wade/Spray/Demo Pool</b>	
<i>Annual</i>	\$ 510.00
<i>Seasonal</i>	\$ 290.00
<b>Each Additional Facility (feature or pool) at Same Premises</b>	
<i>Annual</i>	\$ 390.00
<i>Seasonal</i>	\$ 160.00
Certified Pool Operator	Deduct 30% from Fee Rounded Up to Nearest \$10
<b>WATER:</b>	
2929 Instruction and Certification (per person)	\$ 30.00
2929 (Water Adequacy)	\$ 100.00
<b>SOLID WASTE:</b>	
<b>Initial Permit/Application Review:</b>	
(Inert/demo/landfill, wood waste landfill, land spreading, agricultural waste pile, medical waste,	\$ 3,180.00
<b>Waste Recycling:</b>	
Initial Permit/Application - Surface Impoundment	\$ 2,780.00
Initial Permit/Application - Municipal Landfill	\$ 4,190.00
Initial Permit/Application - Limited Purpose Landfill	\$ 4,830.00
<b>Incinerator:</b>	
Initial permit/application >100 tons/day	\$ 4,500.00
Initial permit/application <100 tons/day and >12 tons/day	\$ 1,510.00
Initial permit/application <12 tons/day	\$ 680.00
<b>Compost Facilities</b>	
Initial Permit/Application for Compost Facility	\$ 1,750.00
Initial Permit/Application for Compost Facility <250 cy/yr	\$ 1,000.00
<b>Request for Regulation Variance:</b>	
Without a Public Hearing	\$ 360.00
With a Public Hearing	\$ 1,200.00
Closure/Postclosure Permit for Landfill	\$ 930.00
Biosolids permit	Standard Hourly Rate
Initial/Renewal of Sewage Pumper Permit Per Vehicle	\$ 300.00
Annual Permit Renewal, No Change of Conditions	75% of Initial Fee and Rounded Up To Nearest \$10
<b>LIQUID WASTE:</b>	
<b>On-site Sewage Disposal System - Application:</b>	
Application for Complete Residential System (includes individual on-site, larger on-site,	\$ 580.00
Application for Commercial Systems	\$ 770.00
Application for Limited Facilities	\$ 130.00
Application for Building Sewer	\$ 90.00
<b>On-site Sewage Disposal System - Permit:</b>	
Permit for Complete Residential System (includes individual on-site, larger on-site,	\$ 840.00
Initial Renewable O&M Permit	\$ 50.00

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Renewed O&M Permit	\$ 30.00
Septic Tank Abandonment	\$100 + Standard Hourly Rate
Septic Tank Abandonment - Revisit	\$ 100.00
Permit for Commercial System	\$ 840.00
Permit for Limited Facilities	\$ 300.00
Permit for Building Sewer	\$ 300.00
Collection of effluent sample from facility serving a critical materials user/storer	Standard Hourly Rate
Soil Sieving/Analysis	Standard Hourly Rate
<b>Sewage Disposal System Installer's Permit:</b>	
Initial Permit for New Installers	\$ 400.00
Annual Renewal of Current Installer's Permit (Not suspended for cause by Health Officer)	\$ 240.00
Copies of On-site Sewage As-built Drawings--each copy after first 5 (First 5 at no charge)	\$ 3.00
<b>FOOD:</b>	
Basic Food Establishment	\$ 320.00
Bed and Breakfast	\$ 410.00
<b>Caterer:</b>	
With Approved Catering Kitchen	\$ 520.00
With Supplemental Kitchen	\$ 230.00
Charitable Facility	50% of Category Permit Fee
Concession Stand	\$ 230.00
Additional Food Concession Stand (In conjunction with a permitted initial stand on same	\$ 200.00
Meat and Fish Shop	\$ 220.00
<b>Mobile Food Service Unit:</b>	
With Approved Kitchen	\$ 610.00
With Supplemental Kitchen	\$ 340.00
Each Additional Mobile Food Service Unit Under Common Commissary	\$ 90.00
Multi-event annual	\$ 370.00
Complex Restaurant	\$ 790.00
Limited Food Establishment (includes Seasonal Complex Food Establishments)	\$ 370.00
<b>School Cafeteria:</b>	
Full food preparation	\$ 380.00
Minimum food preparation	\$ 250.00
Vending Machines - Commissary	\$ 210.00
Senior Nutrition Meal Sites (non-prep)	\$ 200.00
Low Risk - Same menu & Facilities	\$ 150.00
<b>Temporary Food Service Establishment (TFE) (21 Days or Less):</b>	
Initial Booth	\$ 480.00
Additional Booth/Repeat Booth (same menu and facilities)	\$ 290.00
Multiple TFE	\$ 400.00
Donated Food Distributing Organization	\$ 50.00
Exempt From Permit Application Processing	\$ 25.00
<b>LAND DEVELOPMENT:</b>	
<b>Short Plat Review and Response</b>	\$ 820.00
<b>Long Plat, Binding Site Plan :</b>	
Review and Response	\$ 1,080.00
<b>If Test Hole Analysis is Necessary When Public Sewer is not Available:</b>	
First Lot	\$ 140.00
Each Additional Lot	\$ 60.00
Zone Change Review and Response/Comprehensive Plan Amendment	\$ 690.00
Variance, Conditional Use Permit, Special Permit Review & Response	\$ 370.00
Boundary Line Adjustment	\$ 150.00

## Spokane Regional Health District 2012 Fee Schedule

CODE		FEE
<b>SCHOOL SERVICES:</b>		
	School Inspections and Reinspections	Standard Hourly Rate + \$45 Base/per School for Multiple School Organization
	Self-Inspection Review	Standard Hourly Rate
	School Self-Inspection Workshop	\$40 per School District
<b>LABORATORY</b>		
<b>CLINICAL IN-HOUSE SERVICES:</b>		
87015	AFB Con	\$ 42.00
87116	AFB Culture	\$ 65.00
87206	AFB Smear	\$ 34.00
87555	AFB Culture Id.	\$ 65.00
36415	Blood Draw (in Lab)	\$ 20.00
87491	Chlamydia - NAAT, TC-TMA	\$ 23.00
87591	GC - NAAT, TC-TMA	\$ 23.00
87801	Chlamydia/GC APTIMA 2	\$ 46.00
86480	QuantiFERON - TB Gold, (QFT-G)	\$ 48.00
86701	HIV	\$ 25.00
<b>Ova &amp; Para. Including:</b>		
87177	Direct smear, Conc & Id	\$ 39.00
88313	Trichrome Stain	\$ 36.00
86592	VDRL, Qual	\$ 19.00
	Special Handling plus the cost of shipping	\$ 10.00
36415	SMS Blood Draws	\$ 15.00
<b>SEND-OUT TESTS:</b>		
	Cost of external clinical lab (not pathology lab) fee (rounded up to next dollar) plus fee	\$ 3.00
<b>LAB WATER TESTING SERVICES:</b>		
<b>Water for Public Purveyors/Suppliers(including landfills &amp; sewage treatment</b>		
	Qualitative test for total coliforms (includes E.coli/fecal coliform)	\$ 38.00
	Qualitative test for total coliforms (includes E.coli/fecal coliform) including fee to mail out the	\$ 40.00
	18 hour qualitative Lab analysis of each sample for total coliforms and E.coli	\$ 45.00
	Quantitative Lab analysis of each sample for total coliforms (includes E.coli/fecal coliform)	\$ 52.00
<b>Quanti-tray quantitative analysis of each sample for total coliform and E.coli:</b>		
	24 hour test	\$ 60.00
	18 hour test	\$ 60.00
	Quanti-tray quantitative analysis for Enterococcus	\$ 60.00
<b>Titered quantitative Lab analysis of each sample for total coliforms ONLY:</b>		
	3 dilution	\$ 73.00
	5 dilution	\$ 79.00
<b>Titered quantitative Lab analysis of each sample for fecal coliforms ONLY:</b>		
	3 dilution	\$ 73.00
	5 dilution	\$ 79.00
<b>Titered quantitative Lab analysis of each sample for total AND fecal coliforms:</b>		
	3 dilution	\$ 80.00
	5 dilution	\$ 86.00
	Heterotrophic plate count (Standard Plate Count) each sample	\$ 51.00
	Pseudomonas Screen-Quantitative Test	\$ 52.00
	Nitrate Chemical Analysis	\$ 45.00
	Nitrate Chemical Analysis including fee to mail out the sample container	\$ 47.00
	Arsenic Chemical Analysis (Sample transport & testing)	\$ 45.00
<b>PRE-ARRANGED BILLING FOR PUBLIC WATER PURVEYORS / SUPPLIERS (including</b>		
	Qualitative Test for Total Coliforms (includes E. Coli/Fecal Coliform)	\$ 31.00

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18 Hour Qualitative Test for Total Coliforms and E. Coli	\$ 34.00
Quantitative Test for Total Coliforms (includes E. Coli/Fecal Coliform)	\$ 38.00
<b>Quanti-tray Quantitative Test for Total Coliforms and E. Coli:</b>	
24 Hour Test	\$ 53.00
18 Hour Test	\$ 53.00
Quanti-tray Quantitative Test for Enterococcus	\$ 53.00
<b>Titered Quantitative Test for Total Coliforms ONLY:</b>	
3 Dilution	\$ 58.00
5 Dilution	\$ 65.00
<b>Titered Quantitative Test for Fecal Coliforms ONLY:</b>	
3 Dilution	\$ 58.00
5 Dilution	\$ 65.00
<b>Titered Quantitative Lab Analysis of Each Sample for Total &amp; Fecal Coliforms:</b>	
3 Dilution	\$ 65.00
5 Dilution	\$ 71.00
Heterotrophic Plate Count /Total Coliforms	\$ 51.00
Nitrate Chemical Analysis	\$ 42.00
Arsenic Chemical Analysis (Sample transport & testing)	\$ 42.00

**VITAL RECORDS**

**Fees Set by State Legislature:**

Birth: Each Certified Record	\$ 20.00
Death: Each Certified Record	\$ 20.00
Record Search (no document provided)	\$ 8.00

**Fees Set by LHJ:**

VitalChek Certified Copies of Birth & Death Certificates	\$ 30.00
Death Record Change: Re-issue fee	\$ 5.00
Birth & Death Certificate (Internet, Phone & Fax Orders) Processing Fee (\$20 Record Fee + \$10	\$ 10.00
Birth Certificate Affidavit Preparation Fee (no charge if done within 1 year of birth)	\$ 10.00
Shipping Fee - Up to 5 Copies	\$ 2.00
Shipping Fee - 6 or more Copies	\$ 5.00