Bell County Public Health District Fee Schedule SEPTEMBER 1, 2016 REVISED 8/25/16

Medical & Nursing			
Immunizations (per clinic)	Child 1-Shot	\$14	
illinumzations (per clinic)	Child 2 or More	\$14 \$20	
	Adult 1 shot	•	
TD Chin Tost	Addit 1 Shot	\$20 \$35	
TB Skin Test		\$25	
Private Vaccines			
Adult Hepatitis B	Insured	\$65	
	No insurance	\$20	
TDaP		\$62	
IPV		\$67	
MMR		\$83	
Varicella		\$135	
Hepatitis A		\$90	
MCV4 (Meningococcal)		\$122	
Typhoid		\$104	
Yellow Fever		\$210	
Flu Quad		\$25	
Japanese Encephalitis	Call Fo	r Pricing	
Rabies	Call Fo	r Pricing	
Blood Titers for proof of Immunity	E	Each \$25	
STD Exam/Treatment (Gonorrhea/Chlamydia/Syphilis/H	IV) Dependent on sliding t	fee scale	
HIV only	Dependent on sliding t	fee scale	
Family Diagning consists	Dependent on cliding	foo soolo	
Family Planning services	Dependent on sliding t	iee scale	
TB Services	\$40.00 for non-contact LTBI clients		
	No Charge for active TB Clients or C	Contacts	
Environmental Health			
Single Family Residential Permits		6250	
Conventional		\$250	
Professional Designs		\$350	
Aerobic		\$450	
All Non-Single Family Residential Permits		\$550	
Design Reviews (applied to permit 1 time)	Each Application Fe		
Partial Inspections (at request of installer)		\$100	
Alteration / Repair	½ current pe		
Failed Inspections	½ current pe		
Unpermitted Installations	2 X current pe		
Amended Designs (submitted after 5 days)		\$100	
Real Estate Inspections		\$75	
Maintenance Inspection/Contract Verification (per contr		\$10	
Subdivision Evaluations	\$75 + \$	5 per lot	