

ARTICLE I.B
COUNTY OF MONTEREY HEALTH DEPARTMENT
SCHEDULE OF FEES AND CHARGES
Article I.B - Public Health Bureau

CATEGORY/SERVICE/DESCRIPTION	FEE	PER
PUBLIC HEALTH NURSING		
Note: If the client requests and is eligible, the attached Public Health Sliding Fee Schedule is applied.		
a. Public Health Nurse Home Visit	434.60	Visit
CHILDREN'S MEDICAL SERVICES		
FEE		
1. Usual and Customary Fees		
a. Treatment (initial 30 minutes)	89.00	Visit
b. Treatment (each additional 15 minutes)	33.00	Visit
c. Evaluation (initial 30 minutes)	89.00	Visit
d. Evaluation (each additional 15 minutes)	33.00	Visit
e. Case Conference and Report (initial 30 minutes)	89.00	Each
f. Case Conference and Report (each additional 15 minutes)	33.00	Each
g. Case Consultation and report	165.00	Each
h. Off- site Travel to provide above Services, 15 minutes increment	33.00	Visit
VITAL RECORDS		
FEE		
a. Medical Marijuana Identification Card Processing or Replacement Statutorily required 50% fee discount for Medi-Cal Beneficiaries. Additional Statutory fee discounts may apply (H&S 11362.755)	100.00	Application
b. Burial Transit Permit Letter	25.00	Each
PUBLIC HEALTH LABORATORY		
FEE		
1. Bacteriology:		
a. E. coli STEC Culture	90.00	Each
b. Enteric Stool Culture-Campylobacter	90.00	Each
c. Miscellaneous Culture	40.00	Each
d. Bacterial Culture Identification	90.00	Each
e. E. coli STEC ID	87.00	Each
f. Salmonella ID	87.00	Each
g. Shigella ID	87.00	Each
h. Bordetella pertussis PCR	95.00	Each
i. Enteric Stool Culture - Comprehensive	208.00	Each
j. Enteric Stool Culture – Salmonella CC	90.00	Each
k. Enteric Stool Culture – Vibrio sp.	90.00	Each
l. Enteric Stool Culture - Shigella	90.00	Each
m. Bacterial Meningitis Panel (a)	126.00	Each
n. Haemophilus influenza PCR Primary Source	95.00	Each
o. N. meningitidis PCR	95.00	Each
p. Carbapenemase Resistance NAAT	129.00	Each
2. Parasites:		
a. O&P Complete	106.00	Each
b. Arthropod Identification	25.00	Each
c. Giemsa Smear	103.00	Each
d. Pinworm	20.00	Each
e. Cyclospora/Isospora/Cryptosporidia	75.00	Each

f. Helminth Identification	25.00	Each
g. Microsporidia	75.00	Each
h. Cryptosporidia/Giardia	60.00	Each
3. Mycology:		
a. Fungus ID Mold	100.00	Each
b. Fungus ID Yeast	90.00	Each
c. Fungus Smear and Culture	83.00	Each
d. Coccidioides immitis PCR	95.00	Each
e. Fungus Blood Culture (a)	68.00	Each
f. Candida auris PCR	129.00	Each
g. Fungal Isolation (Mixed Cultures)	50.00	Each
4. Mycobacteriology:		
a. AF Smear & Culture	76.00	Each
b. Mycobacterium tuberculosis PCR	95.00	Each
c. Mycobacterium tuberculosis Drugs	224.00	Each
d. AFB for ID (b)	90.00	Each
e. AFB Blood Culture (a)	72.00	Each
f. Ziehl Neelsen Stain and Subculture (b)	70.00	Each
5. Serology:		
a. Quantiferon TB Plus	90.00	Each
b. Quantiferon TB Plus – 25 specimens per week	75.00	Each
6. Virology:		
a. SARS-CoV-2 PCR	85.00	Each
b. SARS-CoV-2/FLU/RSV PCR	95.00	Each
c. Influenza A B PCR Panel	129.00	Each
d. Measles PCR	95.00	Each
e. Monkeypox PCR	129.00	Each
f. Mumps PCR	95.00	Each
g. Norovirus PCR	129.00	Each
h. Rabies DFA	110.00	Each
i. Comprehensive Respiratory	220.00	Each
7. Other Fees and Services:		
a. Blood Draw	20.00	Each
b. PCR, Non-Routine Target (Lab Director Approval Required)	95.00	Each
c. PCR Panel, Non-Routine Targets (Lab Director Approval Required)	129.00	Each
8. Reference Testing (Syphilis)	Actual shipping costs, plus actual reference lab testing charge, plus \$25.00 packaging	
9. Reference Testing (West Nile, etc)	Actual shipping costs, plus actual reference lab testing charge, plus \$25.00 packaging	

10. Non-Diagnostic General Health Assessment (NGHA)		
1. NGHA Application	125.00	Panel
2. Additional NGHA events or sites	40.00	Panel
ENVIRONMENTAL LABORATORY		
1. Chemical Panels:		
a. CCR Title 22 Secondary (aesthetics).	225.00	Panel
b. CCR Title 22 Primary (inorganic chemicals).	275.00 includes actual outside lab charge, and \$30.00 shipping and handling fee.	Panel
c. CCR Title 22 General Physical (Color, Odor, Turbidity)	60.00	Panel
d. CCR Title 22 Combined general mineral, general physical and inorganics.	370.00 includes actual outside lab charge, and \$30.00 shipping and handling fee.	Panel
e. Domestic Panel. Includes coliforms, nitrate, hardness, manganese and iron.	145.00	Panel
f. Irrigation Suitability. ASTM 6919 (Ca, Mg, Na, K), EPA 300 (NO ₃ , SO ₄ , Cl), Alk, pH, SEC, TDS, NO ₂ (N), B	153.00	Panel
g. Ag Waiver ASTM 6919 (Ca, Mg, Na, K), EPA 300 (NO ₃ , SO ₄ , Cl), Alk, pH, SEC, TDS	133.00	Panel
h. Ag Waiver 5 or more tests) ASTM 6919 (Ca, Mg, Na, K), EPA 300 (NO ₃ , SO ₄ , Cl), Alk, pH, SEC, TDS	121.00	Panel
i. Pathogens Monitoring for Irrigation Water (one sample) Generic E. coli STEC (including E.coli 0157) & Salmonella	205.00	Panel
j. Pathogen Monitoring for Irrigation Water (one sample) Campylobacter, Listeria monocytogenes, Salmonella, Shigella, STEC and Legionella	660.00	Panel
k. Anions – Includes chloride, nitrate and sulfate	75.00	Panel
l. Corrosively (Langelier Index) – Includes pH, Alkalinity, Calcium and TDS	91.00	Panel
m. Lead/Copper rule	55.00	Panel
n. NPDES Municipal Water Supply Panel (Ca, Mg, Na, Fe, K, NO ₃ , NO ₃ (N), SO ₄ , Cl, B, ALK, TDS, pH, Carbonate, Bi-Carbonate	225.00 includes actual outside lab charge, and \$30.00 shipping and handling fee.	Panel
o. NPDES Influent Panel TSS, TKN, NO ₃ , NO ₃ (N), NO ₂ -N, Total N, TDS, Na, Cl, SO ₄ , BOD*, NH ₃ * *	275.00 includes actual outside lab charge, and \$30.00 shipping and handling fee.	Panel
p. NPDES Effluent Panel SS, TSS, TKN, NO ₃ , Y_NO ₃ (N), NO ₂ -N, Y_Total N, TDS, Na, Cl, SO ₄ , B, pH, Alk, Carbonate, Bicarbonate, Ca, K, Mg, BOD*, NH ₃ * *	325.00 includes actual outside lab charge, \$30.00 shipping and handling fee.	Panel

q. NPDES Wastewater Metals* <u>Al, Sb, As, Ba, Be, Cd, Cr, Cu, CN, Pb, Hg, Ni, Se, Th, Zn *</u>	250.00 includes actual outside lab charge, and \$30.00 shipping and handling fee.	Panel
r. NPDES Ground Water Monitoring Panel EPA-300 NO3, Y_NO3(N), NH3, TDS, Cl, Na, SO4, pH, Alk, Carbonate, Bicarbonate, Ca, K, Mg	215.00 includes actual outside lab charge, and \$30.00 shipping and handling fee.	Panel
s. Recreational Water – Total Coliform, E. coli, Enterococcus	90.00	Panel
t. Cations – Ca, Na, Mg, K	85.00	Panel
u. Coliform P/A – 1 to 5 4 tests	30.00	Panel
v. Coliform P/A – 6 5 to 10 tests	25.00	Panel
w. Coliform P/A – more than 10 tests	20.00	Panel
x. Quantitray – 1 to 5 4 tests	35.00	Panel
y. Quantitray – 6 5 to 10 tests	30.00	Panel
z. Quantitray – more than 10 tests	25.00	Panel
aa. Panel tests completed by outside lab – Synthetic, Organic, misc. *	includes actual outside lab charge, and \$30.00 shipping and handling fee	Panel
bb. <u>Total Nitrogen Panel – includes Nitrate, Nitrite, TKN *</u>	100.00	Panel
2. Bacteriology:		
a. Aerobic Culture	34.00	Each
b. Cl. Perfringens spores	100.00	Each
c. Coliform: Quantitray (ground)	35.00	Each
d. Coliform; Quantitray (w/dilution)	45.00	Each
e. Coliform; MMO-MUG	30.00	Each
f. HF 183 PCR	120.00	Each
g. Reflex HF1 183 PCR	80.00	Each
h. Sample Filtration and Archive	40.00	Each
i. E. coli Solids	63.00	Each
j. Enterococcus	40.00	Each
k. Enterococcus with dilution	50.00	Each
l. Fluoride	31.00	Each
m. Food and water Pathogens; Campylobacter	100.00	Each
n. Food and water pathogens; Listeria sp.	100.00	Each
o. Food and water pathogens; Listeria monocytogenes	100.00	Each
p. Food and water pathogens; Salmonella	100.00	Each
q. Food and water pathogens; Shigella	100.00	Each
r. Food and water pathogens; STEC	125.00	Each
s. Water pathogens; <u>Legionella sp & L. pneumophila</u> (IDEXX Legiolert)	65.00	Each
t. Food and water pathogens; Legionella sp & L. pneumophila Culture and PCR	155.00	Each
u. Heterotrophic Plate (Aerobic)	34.00	Each
v. Heterotrophic Plate (Anaerobic)	45.00	Each
w. NAA Environmental	65.00	Each
x. Bacteria ID – API	50.00	Each

y. Water Suitability	450.00	Each
3. General Chemistry		
a. Alkalinity, total (as CaCO ₃)	30.00	Each
b. Agriculture – Conductivity	18.00	Each
c. Aluminum	35.00	Each
d. Antimony	35.00	Each
e. Arsenic	35.00	Each
f. Barium	35.00	Each
g. Beryllium	35.00	Each
h. Boron – Drinking Water	35.00	Each
i. Boron – Wastewater	40.00	Each
j. Cadmium	35.00	Each
k. Calcium	35.00	Each
l. Chloride	31.00	Each
m. Chromium	35.00	Each
n. Color	20.00	Each
o. Conductivity	13.00	Each
p. Copper	35.00	Each
q. Dissolved Oxygen *	30.00	Each
r. Free Chlorine	10.00	Each
s. Iron	35.00	Each
t. Lead Pb	35.00	Each
u. Magnesium	35.00	Each
v. Manganese	35.00	Each
w. MBA Surfactants	55.00	Each
x. Mercury	34.00	Each
y. Nickel	35.00	Each
z. Nitrate NO ₃ – 1 to 10 tests	31.00	Each
aa. Nitrate NO ₃ – more than 10 tests	28.00	Each
bb. Nitrite as nitrogen	31.00	Each
cc. Odor	17.00	Each
dd. Orthophosphate as P	31.00	Each
ee. pH Field	15.00	Each
ff. pH Laboratory	15.00	Each
gg. Salinity	13.00	Each
hh. Potassium	35.00	Each
ii. Sample Prep/Acid Digestion	15.00	Each
jj. Sample Prep/Filtration	12.00	Each
kk. Sample consulting per hour	200.00	Each
ll. Selenium	35.00	Each
mm. Silver	35.00	Each
nn. Sodium	35.00	Each
oo. Sulfate	31.00	Each
pp. Thalium	35.00	Each
qq. Total Chlorine	10.00	Each
rr. Total dissolved solids	30.00	Each
ss. Total dissolved solids – water store*	40.00	Each
tt. Total Kjeldahl Nitrogen *	50.00	Each
uu. Total settleable solids	14.00	Each
vv. Total suspended solids	27.00	Each
ww. Turbidity (laboratory)	20.00	Each

xx. Zinc	35.00	Each
yy. Instrument Calibration Check	30.00	Each
zz. Well Collection	30.00	Each
Please note: Special Project Pricing for Public and Environmental Health Laboratory services is available through a contractual agreement. New tests may be added to Fee Schedule to help meet the needs of the public as related to emerging issues. Fees will be assigned using the same procedure used to establish the above fees (Procedure Time Value and Time Ladder Studies).		
HEALTH PROMOTION/WELLNESS		
<i>1. Wellness Classes/Presentations:</i>	FEE	
The following classes are charged per class (not individual) and include materials. Available class subjects: Back Injury Prevention, Cancer Prevention, Ergonomics, Exercise & Fitness, Heart Disease Prevention, Nutrition, Better Medical Decisions, Safety & Injury Prevention, Stress Management.		
1 Hour Class	591.00	Class
Each additional Classroom Hour	193.00	Class
New Class Development	446.00	Class
a. <i>2. Teen Pregnancy Prevention/Reproductive Health Education</i>		
FEE		
b. Reproductive Health Class	260.00	Each
SEXUAL ASSAULT RESPONSE TEAM (SART) FEE SCHEDULE (Penal Code section 13823.95)		
<i>SERVICE PROVIDED</i>	FEE	PER
1. Victim Examination including photography, SART Program Service Charge	2,144.00	Each
2. Suspect Examination including photography, SART Program Service Charge	1,715.00	Each
3. Non-Investigative Report (NIR)	2,144.00	Each
4. Readiness Retainer Fee (participating law enforcement agency/fiscal year) o <i>Law enforcement agencies who pay will be credited this fee if any SART exams are performed.</i> o <i>If no SART exams are performed, agency annual fee remains with the County SART program.</i>	2,000.00	Each
5. Testimony for non-participating Law Enforcement Agency (Half Day)	857.00	Each
6. Testimony for non-participating Law Enforcement Agency (Full Day)	1,715.00	Each
7. Testimony Preparation – Non-Participating Agencies	643.00	Each
8. Domestic Violence Forensic Medical Examination	857.00	Each
9. Non-Acute Pediatric Examination	1,072.00	Each
10. Cancelled Examination After Examiner’s Arrival	500.00	Each

RESEARCH/EVALUATION AND INFORMATION TECHNOLOGY FEE		
<i>CATEGORY/SERVICE DESCRIPTION</i>	FEE	PER
1. Grant proposal development and preparation	130.00	Each
2. Contract or agreement preparation	141.00	Each
3. Policy development, draft policy language and technical assistance (2 hr. min)	145.00	Each
4. Research, Evaluation, and Assessment	132.00	Each
5. Publication or report development and/or review (including data/fact checking)	130.00	Each
6. Data collection, extraction, statistical analysis, and/or interpretation – basic	115.00	Each
7. Data collection, extraction, statistical analysis, and/or interpretation – advanced (2 hr. min)	123.00	Each
8. Spatial analysis and/or mapping (2 hr. min)	129.00	Each
9. Database cleaning and management	129.00	Each

MONTEREY COUNTY HEALTH DEPARTMENT

SLIDING FEE SCALE

2025

***** ANNUAL INCOME LEVEL *****

Family Size	150% Poverty	% of Fee Paid	145% Poverty	% of Fee Paid	140% Poverty	% of Fee Paid	135% Poverty	% of Fee Paid	100% Poverty	% of Fee Paid	Below Poverty	% of Fee Paid
1	<u>\$23,475 and over</u>	100%	<u>\$22,693-\$23,474</u>	80%	<u>\$21,910-\$22,692</u>	60%	<u>\$21,128-\$21,909</u>	40%	<u>\$15,650-\$21,127</u>	20%	<u>\$0-\$15,649</u>	Free
2	<u>\$31,725 and over</u>	100%	<u>\$30,667-\$31,724</u>	80%	<u>\$29,610-\$30,666</u>	60%	<u>\$28,552-\$29,609</u>	40%	<u>\$21,150-\$28,551</u>	20%	<u>\$0-\$21,149</u>	Free
3	<u>\$39,975 and over</u>	100%	<u>\$38,642-\$39,974</u>	80%	<u>\$37,310-\$38,641</u>	60%	<u>\$35,977-\$37,309</u>	40%	<u>\$26,650-\$35,976</u>	20%	<u>\$0-\$26,649</u>	Free
4	<u>\$48,225 and over</u>	100%	<u>\$46,617-\$48,224</u>	80%	<u>\$45,010-\$46,616</u>	60%	<u>\$43,402-\$45,009</u>	40%	<u>\$32,150-\$43,401</u>	20%	<u>\$0-\$32,149</u>	Free
5	<u>\$56,475 and over</u>	100%	<u>\$54,592-\$56,474</u>	80%	<u>\$52,710-\$54,591</u>	60%	<u>\$50,827-\$52,709</u>	40%	<u>\$37,650-\$50,826</u>	20%	<u>\$0-\$37,649</u>	Free
6	<u>\$64,725 and over</u>	100%	<u>\$62,567-\$64,724</u>	80%	<u>\$60,410-\$62,566</u>	60%	<u>\$58,252-\$60,409</u>	40%	<u>\$43,150-\$58,251</u>	20%	<u>\$0-\$43,149</u>	Free
7	<u>\$72,975 and over</u>	100%	<u>\$70,542-\$72,974</u>	80%	<u>\$68,110-\$70,541</u>	60%	<u>\$65,677-\$68,109</u>	40%	<u>\$48,650-\$65,676</u>	20%	<u>\$0-\$48,649</u>	Free
8	<u>\$81,225 and over</u>	100%	<u>\$78,517-\$81,224</u>	80%	<u>\$75,810-\$78,516</u>	60%	<u>\$73,102-\$75,809</u>	40%	<u>\$54,150-\$73,101</u>	20%	<u>\$0-\$54,149</u>	Free
9	<u>\$89,475 and over</u>	100%	<u>\$86,493-\$89,474</u>	80%	<u>\$83,510-\$86,492</u>	60%	<u>\$80,528-\$83,509</u>	40%	<u>\$59,650-\$80,527</u>	20%	<u>\$0-\$59,649</u>	Free
10	<u>\$97,725 and over</u>	100%	<u>\$94,468-\$97,724</u>	80%	<u>\$91,210-\$94,467</u>	60%	<u>\$87,953-\$91,209</u>	40%	<u>\$65,150-\$87,952</u>	20%	<u>\$0-\$65,149</u>	Free
Additional	<u>\$8,250</u>		<u>\$7,975</u>		<u>\$7,700</u>		<u>\$7,425</u>		<u>\$5,500</u>		<u>\$5,500</u>	

Based upon 2025 Federal Poverty Level Guidelines

% Fee = Percentage of the total cost of the fee that patient is required to pay.

Free = Patient is not required to pay – all fees are waived.

Fee calculated by taking office charge X % required to pay = \$ patient is responsible to pay

Example: Office Visit \$60.00 X .80 = \$48.00 is the amount the patient is responsible for paying. Patient may be billed if unable to pay at the time of visit.