

New Hanover County Fee Schedule FY23-24

Department	Service	Fee Amount
<b>COUNTY-WIDE</b>	Copy Fee County-wide unless Department has an established copy fee for specialized documents. Known exceptions to this fee are Elections, Library, Building Safety, Register of Deeds and Tax.	\$0.10 per page
<b>911 COMMUNICATIONS</b>	CD Copies	\$5 \$0.10 per page
<b>BUILDING SAFETY</b>	<b>Refer to Exhibit 1 of this document for the Inspection Fee structures.</b> <b>NHC Training and Education Classes:</b> Classes are periodically offered to the public. Classes may include inspector continuing education, Journeymen classes, and Contractor continuing education. Fees for these classes vary, based on class duration (contact hours), complexity of the material, number of handouts, other included services (such as exam scoring and processing to State examining authorities), completion certificates, and qualification cards.	Not to exceed \$25 per contact hour per participant
<b>COMMUNICATIONS &amp; OUTREACH</b>	<b>NHCTV Service Fees for each event:</b> <b>Studio &amp; Control Room Equipment Fee</b> <b>Meeting set-up/breakdown, any location, using 2 technicians</b> <b>Production Services:</b> <b>Live Broadcast</b> from NHC Government Center or Historic Courthouse Assembly Room and Rebroadcast. Minimum 2 NHCTV technicians at 3 hours each <b>Live Broadcast</b> from Off-site locations with appropriate internet access and rebroadcast. Minimum 3 NHCTV technicians at 3 hours each. Minimum 2 IT staff support at 2 hours each. <b>Recording</b> from NHC Government Center & Rebroadcast. Minimum 1 NHCTV technician at 3 hours. <b>Recording</b> from NHC Historic Courthouse Assembly and Rebroadcast. Minimum 2 NHCTV technicians at 3 hours each. <b>Recording</b> from Off-site locations and Rebroadcast. Minimum 3 NHCTV technicians at 3 hours each. <b>Post-processing:</b> Minimum of 1 NHCTV technician @ 3 hours <b>Travel from NHC Government Center to Broadcast Site:</b> Minimum 1 hour per NHCTV technician Minimum 1 hour per IT staff support <b>Related fees</b> that may apply for NHC Government locations: Facility and Overhead Fees Housekeeping Service Security Fees	\$50/hr. (4 hour minimum) \$35/hr./tech. (2 hour minimum) \$35/hr./tech. (6 hour minimum) \$35/hr./tech. (9 hour minimum) \$50/hr./IT staff (4 hour minimum) \$35/hr./tech. (3 hour minimum) \$35/hr./tech. (6 hour minimum) \$35/hr./tech. (9 hour minimum) \$35/hr./tech. (3 hour minimum) \$35/hr./tech. (1 hour minimum) \$50/hr./staff (1hour minimum) As determined by County Manager As determined by Property Mgt. As determined by Sheriff's Office
<b>COUNTY ATTORNEY</b>	Preparation/recording of notice of noncompliance Preparation/recording of promissory note/deed of trust (These fees are collected by Finance.)	\$28 \$40
<b>LEGAL DIVISION</b>	Public document request under G.S. 132-6-2, where the compilation and quantity does not constitute extensive use of resources.	\$0.10 per page
<b>ELECTIONS</b>	CD e-mail Campaign finance reports and related elections Copies: Color Copies 8x11 Copies: Color Copies 11x17 District Maps:Color 8.5x11 District Maps:Color 11x17 District Maps:Color 22x34	\$25 no charge \$0.20 per page \$1.00 \$1.00 \$1.00 \$1.00 \$10.00
<b>EMERGENCY MANAGEMENT</b>	<b>Hazardous Material Reporting (Tier II) by weight:</b> Underground storage containers 0-999,999 lbs. per facility 1,000,000 lbs. and above per facility	\$50 \$150 \$300
<b>ENGINEERING</b>	<b>Sedimentation &amp; Erosion Control Fees:</b> <b>Residential Subdivision:</b> Review Fee (paid at time of application; includes initial and 2nd review) Land Disturbance Fee (paid at time of plat recordation)  <b>All lots must be in the limits of disturbance and have erosion control measures</b>	\$200 \$300 per acre

New Hanover County Fee Schedule FY23-24

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<p align="center"><b>ENGINEERING (continued)</b></p>	Subsequent Reviews (for each review after 2nd review)	\$200 each	
	Modifications	\$200	
	Name/Address Change	\$200	
	Transfer of Ownership	\$200	
	<b>Commercial Development:</b>		
	Review Fee (paid at time of application; includes initial and 2nd review)	\$200	
	Land Disturbance Fee (paid at time of Certificate of Completion or Occupancy)	\$300 per acre	
	Subsequent Reviews (for each review after 2nd review)	\$200 each	
	Modifications	\$200	
	Name/Address Change	\$200	
	Transfer of Ownership	\$200	
	<b>Stormwater Authorization to Construct (ATC):</b>		
	<b>Application Fee:</b>		
	<b>Review Fees:</b>		
	<b>10,000 Square Feet up to 1 Acre:</b>		
	Includes initial and 2nd review	\$100 (includes both the initial and 2nd review)	
	For each review after 2nd review	\$100 (per review)	
	<b>1 Acre up to 10 Acres:</b>		
	Includes initial and 2nd review	\$250 (includes both the initial and 2nd review)	
	For each review after 2nd review	\$250 (per review)	
<b>10 Acres up to 50 Acres:</b>			
Includes initial and 2nd review	\$500 (includes both the initial and 2nd review)		
For each review after 2nd review	\$500 (per review)		
<b>50 Acres and more:</b>			
Includes initial and 2nd review	\$10 per Acre (includes both the initial and 2nd review)		
For each review after 2nd review	\$10 per Acre (per review)		
Transfer of Ownership of a stormwater facility operating in accordance with an Authorization to Construct (ATC)	\$100		
<p align="center"><b>ENVIRONMENTAL MANAGEMENT</b></p>	<b>Category:</b>		
	Minimum Fee	\$5.00	
	Municipal Solid Waste	\$52 per ton	
	Atypical/Non-Standard/Unconventional Acceptable Solid Waste:		
	Requiring additional site preparation	\$62 per ton	
	Requiring specialized equipment rental	\$73 per ton	
	Likely create a nuisance condition	\$62 per ton	
	Provides a beneficial use	\$52 per ton less materials' value if purchased from commercially available sources for its intended use	
	Construction/Demolition	\$52 per ton	
	Concrete/Brick/Dirt (Mixed)	\$52 per ton	
	Concrete/Brick/Dirt (100% Clean - Recycled)*	\$30 per ton	
	Sheetrock, Clean	\$35 per ton	
	Shingles/Built-Up Roofing (Mixed)	\$52 per ton	
	Asphalt Shingles (100% Clean - Recycled)*	\$30 per ton	
	Refuse Delivered in Cars, P/U Trucks or Trailers	\$48 per ton	
	Cardboard (100% Clean - Recycled)*	no charge	
	Mixed Glass (Recycled)	\$20 per ton	
	Color Sorted Glass (Recycled)	no charge	
	Sludge (accepted with Special Approval only)	\$80 per ton	
	Tires (Generated during the "Normal Course of Business")	no charge	
	Tires (Not generated during the "Normal Course of Business")	\$83 per ton	
	Pender Commerce Special Waste	\$54 per ton	
	Biomass Special Waste	\$7 per ton	
	Palm Trees	\$25 each	
	Yard Waste-Commercial	\$25 per ton	
	Yard Waste-Residential <b>Less than 10,000</b> cumulative tons per fiscal year	\$30 per ton	
	Yard Waste-Residential <b>More than 10,000</b> cumulative tons per fiscal year	\$20 per ton	
	Mattresses	\$52 per ton plus \$10 per mattress	
	Clean Lumber and Clean Concrete	\$10/ton	
	Pallets Disposed in the Landfill	\$5/pallet	
	Jump Starts	\$20	
	Oyster Shells (Recycled)	no charge	
	Household or Lead Acid Batteries (Recycled)	no charge	
	Waste Oil/Antifreeze - Recycled	no charge	
	Appliances (Recycled)	no charge	
	Electronics Recycling (Homeowners only, Recycled)	no charge	
	Used Oil Filters (Homeowners only, Recycled)	no charge	
	<b>*Must be verified by landfill attendant.</b>		
	<p align="center"><b>FACILITIES MANAGEMENT</b></p>	Labor for non-county vehicle maintenance	\$53 per hour
		<p align="center"><b>FINANCE</b></p>	<b>Parking Deck Fees: Market &amp; 2nd Street Decks</b>

New Hanover County Fee Schedule FY23-24

Department	Service	Fee Amount
FINANCE (continued)	Up to 2 hours Up to 3 hours Up to 4 hours Up to 5 hours Up to 12 hours 12 to 24 hours (max) Monday thru Friday after 6:30pm Saturday and Sunday (9pm-2am) Monthly Unreserved Rate Special Events	\$2 \$3 \$4 \$5 \$8 \$10 \$5 flat evening rate \$5 flat evening rate \$75/month \$10 flat rate fee
<b>FIRE RESCUE</b>	<b>Refer to Exhibit 2 of this document for the Fire Fee structures.</b>	
<b>HEALTH</b>	<b>Refer to Exhibit 3 of this document for the Health Fee structures.</b>	
<b>HUMAN RESOURCES</b>	Replacement badges for lost badges	\$7 per badge
<b>LIBRARY</b>	<p><b>Lost &amp; Damaged items:</b>                      Lost items and items beyond repair                      Damaged items                      Replacement disk (audio/visual)                      Library card                      Processing for books &amp; audio/visual materials                      magazines</p> <p><b>Copies:</b>                      Copies/Printing black/white                      Copies/Printing black/white (cash)                      Copies/Printing color (cash)                      Copies/Printing color                      FAX</p> <p><b>Meeting Rooms (nonprofit use only):</b>                      Administrative Fee-Nonrefundable</p> <p><b>Miscellaneous:</b>                      Non-Resident Library Card (annual)                      Non-Resident Library Card (six months)                      Flashdrive                      Earbuds</p>	List price + \$5 Case by case not to exceed list price \$10 \$1 \$5 \$2  \$0.10 unit charge \$0.15 unit charge \$0.50 unit charge \$0.30 unit charge \$1 unit charge  \$5  \$30 \$15 \$5 \$1
<b>MUSEUM</b>	<p><b>Admission Fees:</b>                      Adults                      Youth (6-17)                      College Students                      Seniors (65 and over)                      Military with ID                      Children, under 6                      First Sunday, NHC residents                      Members                      Museums for All</p> <p><b>Room Use Fees - (during hours of operation):</b>                      Non-Profit &amp; government organizations                      For-profit, private companies or groups</p> <p><b>Room Use Fees - (After hours of operation):</b>                      Non-Profit &amp; government organizations                      For-profit, private companies or groups</p> <p><b>School Programs:</b>  <b>Museum Field Trips/Outreach (on-site):</b>  <b>In-County Schools - guided:</b>                      Student                      Adult                      Teacher                      Bus Driver  <b>In-County Schools - self-guided:</b>                      Student                      Adult                      Teacher                      Bus Driver  <b>Non-County Schools - guided:</b>                      Student                      Adult                      Teacher                      Bus Driver  <b>Non-County Schools - self-guided:</b>                      Student                      Adult                      Teacher                      Bus Driver</p>	\$8 (\$1 discount with AAA) \$5 \$7 \$7 \$7 \$0 \$0 \$0 \$0 \$0  \$0 \$50 plus \$10/hour  \$20 plus \$10/hour \$120 plus \$20/hour   \$4 Free Free Free  Free Free Free Free  \$7 Free Free Free  \$5 Free Free Free

New Hanover County Fee Schedule FY23-24

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<p>MUSEUM (continued)</p>	<p><b>Museum Outreach (off site):</b>  <b>In-County Schools:</b>  Student \$6  <b>Non-County Schools:</b>  Student \$7  Travel Subject to add'l mileage fee  <b>Virtual:</b>  Student \$0  <b>Museum Kits (check-out):</b>  In-County Schools Free  Non-County Schools \$15/week  Family \$5  <b>School Events:</b>  In-County Schools - Student \$5  Non-County Schools - Student \$5  <b>Public Programs:</b>  <b>Scouts:</b>  Workshop \$10  <b>Summer Camps:</b>  Member Camper \$70  Nonmember Camper \$90  <b>Summer Shorts (on-site or off-site):</b>  Participant \$7  <b>Family Programs (included with general Programs and Workshops)</b>  Varies  <b>Family Events:</b>  Member Free  Nonmember \$5  <b>Preschool Family Event:</b>  Children 6 and under \$5  Accompanying Adults Free  Museum members Free  <b>Adult Programs:</b>  Lectures &amp; Workshops Vary  <b>Collections Services:</b>  <b>(Research, Consultation, Reproduction)</b>  1st hour of staff time no charge  Additional Staff Hours:  Museum members \$15/hour  New Hanover County Residents \$25/hour  Non-New Hanover County Residents \$50/hour  Commercial Projects \$100/hour  Conservation Materials: Current Manufacturer Price; Price subject to change  Encapsulation Materials:  Polyester film \$.004 per square inch  Double-sided tape \$.007 per inch  Clothing and Textile Storage Products available through Cape Fear Museum Store  Document and Photograph Storage Products available through Cape Fear Museum Store  Reproduction Costs:  Up to 12 low-resolution digital images by email Free  High-resolution digital images Negotiated on a case by case basis.  Use fees - <b>one-time-use only:</b>  Commercial Projects:  <b>Book or Magazine:</b>  B&amp;W/Color image \$100/image  Front Cover image \$500/image  Back Cover image \$250/image  <b>Video or Film:</b>  Image provided by Cape Fear Museum \$100/image  On-site filming \$200/object  <b>CD/DVD:</b>  B&amp;W/Color image \$100/image  <b>Decoration/Exhibit:</b>  B&amp;W/Color image \$100/image  <b>Website -renewable annually:</b>  B&amp;W/Color image \$100/image/annually  Nonprofit Profits (501(c)(3) status) 10% of commercial rate</p>		
	<p>NCSU EXTENSION</p>	<p>Master Gardener Training Program \$275 - 10 week program-2 times a week  Various classes \$5 to \$30 to cover materials only  Soil, Nematode and irrigation water samples: varying</p>	
		<p>fees charged by NCDA and go to the NCDA \$0-\$20  Soil Samples Free</p>	

New Hanover County Fee Schedule FY23-24

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<p><b>NCSU EXTENSION (continued)</b></p>	<p>4-H Camps                      Rain Garden Certification:Certificate  <b>Friend of the Arboretum Membership:</b>                      Student                      Individual                      Family                      Contributor                      Benefactor                      Partner                      Patron  <b>Private Events-Weddings:</b>                      Azalea Package Wedding 1 hour up to 30 people, Monday - Friday                      Camellia Package Wedding 2 hours up to 250 people, Tuesday - Thursday                      Camellia Package Wedding 2 hours up to 250 people, Friday - Saturday                      Rose Package Wedding &amp; Reception 4 hours up to 250 people, Tuesday -Thursday                      Rose Package Wedding &amp; Reception 4 hours up to 250 people, Friday - Sunday                      Additional hours above 4 hours                      Use of Kitchen for cooking                      Auditorium use above 1 hours prior  <b>Refundable Security Deposit:</b>                      Ceremony only                      Ceremony and/or reception  <b>Public Programs:</b>                      Art in the Arboretum/Other Public Programs</p>	<p>Various fees depending on camp                      \$125 per person                      \$15                      \$30                      \$40                      \$100                      \$250                      \$500                      \$1,000                      \$400                      \$1,000                      \$1,400                      \$2,000                      \$2,800                      \$250 per hour                      \$200 per hour                      \$50 per hour                      \$100                      \$500                      \$0-\$15/person</p>
<p><b>PARKS &amp; GARDENS                      PARKS DIVISION</b></p>	<p>Fitness and Education based family programs  <b>Athletic Fields - Per Hour:</b>                      Youth - Non-profit* (No Lights)                      Youth - Non-profit* (Lights)  <i>*Must show proof of Non-profit status</i>                      Youth - Private/for profit (No Lights)                      Youth - Private/for profit (Lights)                      Adult - No Lights                      Adult - With Lights                      Tennis/Pickle Ball Courts-nonprofits (league reservations)  <b>Athletic Field Tournament Fees:</b>  <b>Includes full weekend (2 days)</b>                      Day Rental                      Tournament Lights                      Out of town team fee                      Portable concessions                      Electrical Box use  <b>Picnic Shelters (4 hour rental):</b>                      Small - <b>County</b>                      Medium - <b>County</b>                      Large - <b>County</b>                      Small - <b>Non-County</b>                      Medium - <b>Non-County</b>                      Large - <b>Non-County</b>  <b>Event Areas:</b>                      Long Leaf Park Gazebo and Garden Area                      Long Leaf Park Major Event (1,000 plus people)                      Long Leaf Park Special Event (100-999 people)                      Ogden Park Major Event (1,000 plus people)                      Veteran's Park Major Event (1,000 plus people)                      Walking Trail use for fitness events  <b>Riverside Park Building:</b>                      Refundable Damage Deposit                      Day Use (8am - 5pm) - <b>County</b>                      Day Use (8am - 5pm) - <b>Non-County</b>                      Long term rate (used once a month)  <b>Airlie Admission:</b>                      Member                      Adults (non-member) County Resident                      Adults (non-member) Non-Resident                      Adults (non-member) Active Military                      Children (ages 4-12)                      Children under 4 years                      County free day; first Sunday of each month</p>	<p>Fee varies based on program                      None                      None                      \$10 per hour                      \$30 per hour                      \$10 per hour                      \$30 per hour                      \$2.50 per hour                      \$125 per field                      \$20 per hr. per field                      \$30 per team                      \$35 per day                      \$35 per day per box                      \$25                      \$35                      \$45                      \$50                      \$70                      \$90                      \$300 for 4 hour rental                      \$1,000 per day                      \$500 per day                      \$1,000 per day                      \$1,000 per day                      \$150 per day                      \$250                      \$150 for a 4 hour rental                      \$300 for a 4 hour rental                      \$100 per use                      no charge                      \$5 (includes tax)                      \$10 (includes tax)                      \$5 (includes tax)                      \$3 (includes tax)                      Free                      New Hanover County residents no charge</p>

New Hanover County Fee Schedule FY23-24

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<b>PARKS &amp; GARDENS (continued)</b>	<b>Airlie Membership:</b> Individual Family Package (2 adults; children under 18 free) Camelia Package Magnolia Package Azalea Package <b>Airlie Concert Series:</b> Member Adults (non-member) Children (ages 4-12) <b>Echo Farms Pool:</b> Children Adults Season Pass - Family Season Pass - Individual <b>Echo Farms Tennis:</b> Court Reservation (1.5 hour block) Skills Clinic (1 hour) Round Robin <b>Enchanted Airlie:</b> Member Carload Pass <b>Environmental Education (EE) Programs:</b> NHC schools Private NHC County Schools Private Out of County Schools <b>Guided tours:</b> Bird Hikes: Member Non-member-NHC resident or military Non-member-Out of County resident <b>Oyster Roast</b> <b>After-hour/Private Events:</b> Two hour event or wedding only <i>(Fee includes Bridal portrait opportunity)</i> Three hour event or wedding only <i>(Fee includes Bridal portrait opportunity)</i> 4 hour event or reception/rehearsal dinner only <i>(Fee includes Bridal portrait opportunity)</i> 5 hour event or reception/rehearsal dinner only <i>(Fee includes Bridal portrait opportunity)</i> Damage Deposit Security Fee Easter Sunday Sunrise Service <b>Bridal Portraits only:</b> Site fee Request for staff member & golf cart <b>TV &amp; movie films (paid to Airlie Foundation):</b> Production Pre or post-production	\$40 (includes tax) \$75 (includes tax) \$275 (includes tax) \$525 (includes tax) \$1000 (includes tax) no charge \$10 (includes tax) \$3 (includes tax) \$2 \$4 \$175/swim season \$100/swim season \$8 \$10 \$3 no charge \$30 (includes tax) \$3 per child (includes tax) \$4 per child (includes tax) \$5 per child (includes tax) no extra charge <i>with admission</i> Free \$5 (includes tax) \$9 (includes tax) \$125 (includes tax)/ticket Tuesday - Thursday \$500/Friday \$1,000 \$3,000 \$4,000 \$5,000 \$1,000 refundable \$300 non-refundable \$500 per hour \$200 \$100 \$1,750 per day \$250 per day	
	<b>PLANNING &amp; LAND USE</b>	Flood Determination Letter Rezoning - General Rezoning - Conditioned Zoning Continuances: After Advertisement Special Use Permit Text Amendments Board of Adjustment Zoning Letter of Verification TRC Review: Preliminary Plan Final Plat Commercial Site Plan Review Street/Easement Closure Street Naming Mobile Home Park Zoning Enforcement Fees: Final - Flood: Residential Commercial Tree Inspection Tree Mitigation Zoning Only Permit: Residential Commercial	\$25 \$500 less than 5 acres - \$600 more than 5 acres \$600 less than 5 acres - \$700 more than 5 acres \$300 Planning Board and County Commissioners \$250 Single Resident - \$500 all other \$400 per application - \$600 Land Use Plan \$400 per application \$25 \$300 \$20 per lot \$75 \$1,000 \$250 + cost of sign \$250 per preliminary - \$20 per final space \$25 \$45 \$45 \$200 per callper inch \$25 \$45

New Hanover County Fee Schedule FY23-24

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<b>PLANNING &amp; LAND USE (continued)</b>	Commercial Final	\$45
	Home Occupation	\$10
	Postage & Handling	\$5
	Publications:	
	2016 Comprehensive Plan	\$40
	Unified Development Ordinance (b/w)	\$48
	Copies:	
	Letter black/white	\$0.10
	Letter color	\$1
	Legal black/white	\$0.25
	Legal color	\$1.50
	Tabloid black/white	\$1
	Tabloid color	\$2
	Black/white large plotter maps	\$10
Zoning Maps	\$10	
<b>REGISTER OF DEEDS</b>	<b>REAL ESTATE FILING FEES:</b>	
	<b>Deeds and Other Instruments:</b> (except plats, deeds of trust, and mortgages)	
	Up to 15 pages	\$26
	Each additional page	\$4
	Additional fee for each multiple instrument	\$10
	<b>Deed of Trust and Mortgages:</b>	
	Up to 35 pages	\$64
	Each additional page	\$4
	Additional fee for each multiple instrument	\$10
	<b>Satisfaction</b>	No Fee
	<b>Add'l Subsequent Instrument Index Ref.</b>	\$25 each
	<b>UCC (Fixture Filing):</b>	
	1 to 2 pages	\$38
	3 to 10 pages	\$45
	Each additional page over 10 pages	\$2
	<b>Non-Standard Document Fee G.S. 161-14B</b>	\$25 additional recording fee
	<b>Condo &amp; Subdivision Plats:</b>	
	First Page	\$21
	Each additional page	\$21
	<b>Highway Right-Of-Way Plats:</b>	
	First Page	\$21
	Each additional page	\$5
	<b>REAL ESTATE COPY FEES:</b>	
	<b>Instruments In General:</b>	
	Uncertified	\$0.25 each page
	Certified:	
	First Page	\$5
	Each additional page	\$2
	<b>Maps Uncertified:</b>	
	8-1/2 x 11	\$0.25 each page
	11 x 17	\$1 each page
	17 x 22	\$2 each page
	18 x 24	\$3 each page
	24 x 36	\$5 each page
	<b>Maps Certified:</b>	
8-1/2 x 11 First page	\$5	
8-1/2 x 11 Each additional page	\$2	
11 x 17 First page	\$6	
11 x 17 Each additional page	\$3	
17 x 22 First page	\$7	
17 x 22 Each additional page	\$4	
18 x 24 First page	\$8	
18 x 24 Each additional page	\$5	
24 x 36 First page	\$10	
24 x 36 Each additional page	\$7	
<b>NOTARY:</b>		
Oath	\$10	
Notorial Acts	\$5	
<b>EXCISE TAX VALUATION:</b>		
1991 to current	\$2 per \$1,000	
1968 - 1991	\$1 per \$1,000	
Prior - 1967	\$1.10 per \$1,000	

New Hanover County Fee Schedule FY23-24

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REGISTER OF DEEDS (continued)	<b>VITAL RECORDS FEES:</b> Marriage License \$60 Certified copies Birth, Death & Marriages \$10 Uncertified copies Birth, Death & Marriages/Mail \$1.25 Birth and Death Amendments \$10 VRAS Search (state) \$14 at time of search <b>Postage &amp; Handling</b> Expediate Mail \$15.00 <b>PASSPORTS:</b> First-time Adult Passport Book \$165.00 First-time Adult Passport Card \$65.00 First-time Adult Passport Book and Card \$165.00 Adult Passport Card \$30.00 Minor Passport Book \$135.00 Minor Passport Card \$50.00 Minor Passport Book and Card \$150.00 Expediate Passport Fee \$26.00	
SENIOR RESOURCE CENTER	Instructors charge \$3 - \$8/class Varies \$3 to \$8 per class (paid directly to instructor) 90785:Interactive Complexity/Add-on \$5.00 90791:Psychiatric Diagnostic Evaluation \$180.00 90832:Psychotherapy, 16-37 minutes \$75.00 90834:Psychotherapy, 38-52 minutes \$115.00 90837:Psychotherapy, 53+ minutes \$175.00 90839:Psychotherapy for Crisis, 30-74 minutes \$180.00 90840:Psychotherapy for Crisis, each additional 30 minutes, maximum of two add-ons per 90839 \$90.00 90846:Family Psytx w/o patient \$115.00 90847:Family Psytx w/patient \$140.00 90853:Group Psychotherapy \$40.00 96130:Psychological test administration; first hour \$150.00 96131:Psychological test administration; each additional hour \$120.00 96136:Psychological test administration and scoring; first 30 minutes \$60.00 96137:Psychological test administration and scoring; each additional 30 minutes \$60.00 98966:Non-Face-to Face Nonphysician Telephone Services 5-10 minutes (Behavioral Health) \$15.00 98967:Non-Face-to Face Nonphysician Telephone Services 11-20 minutes (Behavioral Health) \$30.00 98968:Non-Face-to Face Nonphysician Telephone Services 21-30 minutes (Behavioral Health) \$40.00	
SHERIFF	<b>Concealed Weapons Fees:</b> First Application \$80 Renewal \$75 Qualified Retired LEO Application \$45 Retired LEO Application Renewal \$40 Duplicate \$15 <b>Citations - Civil Penalty:</b> Most offenses \$100 Second offenses \$300 Third Offenses \$500 <i>These penalties may vary depending on type.</i> Fingerprint Fee \$10 <b>Parking Citations:</b> Overtime Parking \$20 No parking area \$20 Restricted Parking \$25 Loading Zone \$20 Fire Lane \$50 Handicapped zone \$250 Administration fee if late \$15 <b>Service fees - Civil Papers:</b> In-state fee per paper served \$30 Out-of-state fee per paper served \$50 Sheriff Fees - Miscellaneous \$15 fingerprinting not associated with pistol permits Found Property sales Proceeds go to NHC School Board Sheriff Fees - Execution Fees 5% of first \$500/2-1/2% of remainder Sheriff Fees - Pistol Permits \$5 per permit Sheriff Fee - Deputy Contract Pay (Set by Sheriff)* \$36/hr with a minimum of 4 hours Sheriff Fee - Vehicle Contract Pay* \$25/for up to 4 hours; \$50 for 4 plus hours <i>*To avoid a fee, contract must be cancelled 12 hours in advance.</i> Sheriff Fees - Precious Metals Dealer Permit \$180 filing fee; \$180 Renewal fee for 12 months Firing Range User Fee \$1,000 annually <b>Detention Center Health Fees:</b> Doctor Visit \$20 Pharmacy \$5 <b>Animal Services Unit Fees are several pages. Refer to Exhibit 4 of this document for the Animal Services Unit Fees.</b>	



New Hanover County Fee Schedule FY23-24

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<b>SOCIAL SERVICES</b>	<b>Adoption Services</b> Application fee for Preplacement Assessments \$100 Preplacement Assessment (\$100 application fee & cost of Preplacement Assessment) \$1,000 Preplacement Assessment Update \$300 Preparation of report to Court on stepparent or relative adoptions where child not in legal custody of County. \$200 Services to adult adoptees (for researching adoptee's biological family) \$50/hour <b>Child Support Enforcement (as follows)</b> Non-Public Assistance applicant requests CSE services \$25 (\$10 if applicant is "indigent") Former CSE client reapplies for services after case closed \$25 (\$10 if applicant is "indigent") Recipient of Health Choice medical insurance requests CSE services \$25 (\$10 if applicant is "indigent") Noncustodial parent applies for CSE services \$25 (\$10 if applicant is "indigent") Health Coverage for Workers with Disability Health Choice/Medicaid \$50 per client	
<b>SOIL AND WATER</b>	Rain Barrel Sale	\$85
<b>STORMWATER</b>	<b>Developed Single Family Residential Property</b> No County Stormwater permit, located in the unincorporated area of New Hanover County \$5.65 per ERU per month With County Stormwater permit, located in the unincorporated area of New Hanover County \$5.65 per ERU per month less a 31% discount <b>Developed Non-residential property</b> No County Stormwater permit, located in the unincorporated area of New Hanover County Amount of impervious area in square feet divided by 4,000 then multiplied by 1 ERU multiplied by \$5.65 per month per ERU With a County Stormwater permit, located in the unincorporated area of New Hanover County Amount of impervious area in square feet divided by 4,000 then multiplied by 1 ERU multiplied by \$5.65 per month per ERU less a 31% discount	
<b>TAX</b>	Property Record Card \$0 8 1/2" x 11" ortho color map \$2 8 1/2" x 11" B&W line map no charge 8 1/2"x 14" B&W line map no charge 8 1/2"x 14"ortho color map \$4 11"x17" ortho color map \$5 11"x17" B&W line map no charge 17"x22" ortho color map \$10 17"x22" B&W line map \$4 24"x36" ortho color map \$10 24"x36" B&W line map \$5 36"x48" ortho color map \$15 36"x48" B&W line map \$10 Custom Map (Definition - Any effort used to perform CD's / Tapes etc. \$25 plus standard map cost Case by case basis Mailing Labels \$5 \$5 per 1,000 <b>Business License Categories and Rates: [NC G.S. 105]</b> Beer - On premises \$25 Beer - Off premises \$5 Beer - On and Off premises \$25  Beer and Wine - On premises \$50 Beer and Wine - Off premises \$30 Beer and Wine - On and Off premises \$50 Beer on, Wine off premises \$50 Wine - On premises \$25 Wine - Off premises \$25 Wine - On and Off premises \$25	

The County Manager is authorized, delegated and empowered to enact and adopt the following changes to those existing fees, charges and expenses set-forth in any County schedule, without further Board of Commissioner approval, notification or authorization:

1. To reduce; or
2. To waive for specific events or identified persons or entities; or
3. To increase in an amount not to exceed one-hundred percent (100%) not to exceed \$50; or
4. Add a new fee in an amount not to exceed twenty dollars (\$20)
5. Prior payment for same service.



**Development Services Center (DSC)  
Residential Fee Schedule**

<b>Building Safety Fee Schedule: Residential</b>	
<b>Residential New Construction and Additions</b>	Includes all electric, mechanical and plumbing permits
Costs are calculated based on square footage of structure, \$400 minimum fee <span style="float: right;"><b>\$ .441 x sq.ft.</b></span>	
<b>Residential Alteration / Remodel / Renovation / Repair</b>	
Minor Alteration, Remodel, Renovation, Repair (defined as requiring one building inspection) <span style="float: right;">\$60</span>	
Major Alteration, Remodel, Renovation, Repair, \$400 minimum fee (all trade permits included) <span style="float: right;"><b>\$ .221 x sq.ft.</b></span>	
<b>Residential Permits</b>	
Accessory Buildings (greater than 12' in any direction)	\$60
Electrical Permit	\$60
Mechanical Permit	\$60
Plumbing Permit	\$60
Prior Cut On Electrical / Gas	\$60
Mobile Home Setup / Relocation (fee includes electrical, mechanical and plumbing permits)	\$300
Single Family Home Setup / Relocation (fee includes electrical, mechanical and plumbing permits)	\$375
<b>Residential Administration</b>	
Copies of Records (no fee for permit holder)	\$0.10 per page
Copy of Certificate of Occupancy (no fee for permit holder)	\$10
Site Conference	\$50
After hours inspection rate; also used for verifying Safety & Hazards on Buildings etc., pursuant to complaints.	\$120
<b>Residential Penalties</b>	
Excessive Inspections Service Fee	\$50
Failure to Obtain Final Inspection When Job Complete	\$100
Starting Work Without a Permit	\$100
Starting and substantially completing work without a permit (1st occurrence)	\$250
Starting and substantially completing work without a permit (2nd occurrence)	\$500
Occupying a Structure Prior to Receiving Certificate of Occupancy (first day)	\$100
Occupying a Structure Prior to Receiving Certificate of Occupancy (second day)	\$300
Occupying a Structure Prior to Receiving Certificate of Occupancy (each day after 2nd day)	\$500
<b>Permit Cancellations / Refunds</b>	
Building permit fees shall be refunded minus a 25% service fee or \$60 minimum, whichever is greater	
Building permits where work has commenced or expired are not eligible for refunds	

## BUILDING SAFETY DEPARTMENT'S PERMIT SERVICE FEE SCHEDULE

The Building Safety Department revised and clarified its schedule, effective July 1, 2022. In general, the department's intent is to make it easier for customers to understand how to use the formulas and the schedule. And more specifically, it assigns the same fee for all trade permits. The revised fee schedule should also make it easy for developers, architects, and builders to determine the permit and inspection costs before bidding a project, and there is no plan review fee.

### COMMERCIAL

**Minimum permit service fee is \$75 unless otherwise noted, and the service fee amount, which is the cost of providing service, is non-refundable.**

	ICC Value per sq. ft. (A)	Total sq. ft. up to 15,000 (B)	X	NHC cost recovery factor (C)	plus	Sq. ft. over 15,000 (D)	X	ICC Value* per sq. ft. (E)	X	Reduced cost factor (0.0012) (F)	EQUALS	Permit Service Fee (G)
New construction and additions (minimum \$400)	ICC Value per sq. ft. (A)	Total sq. ft. up to 15,000 (B)	X	NHC cost recovery factor (C)	plus	Sq. ft. over 15,000 (D)	X	ICC Value* per sq. ft. (E)	X	Reduced cost factor (0.0012) (F)	EQUALS	Permit Service Fee (G)
Shell buildings (minimum \$400)	ICC Value per sq. ft. (A)	Total sq. ft. (B)	X	NHC cost recovery factor (C)	X	80% Cost Factor (D2)					EQUALS	Permit Service Fee (H2)
Upfit and major remodel (minimum \$400)	ICC Value per sq. ft. (A)	Total sq. ft. (B)	X	NHC cost recovery factor (C)	X	50% Cost Factor (D3)					EQUALS	Permit Service Fee (H3)

**For Modular buildings, calculate them as new construction using the utility/miscellaneous row under the "Group" heading/column in the ICC table for cost per sq. ft.**

- A. ICC value – International Code Council (ICC) Building Valuation tables contains values for different types of buildings, found on Page 2 of this document.
- B. The total area is that which is within surrounding exterior walls or under the horizontal projection of the roof.
- C. Cost recovery factor is inserted to recover a pre-determined percentage of Building Safety Department's costs.
- D. D is used for buildings larger than 15,000 sq. ft., and the total of the multiplication of D X E X F is added to the total of A X B X C.  
 D2: Shell building permit service fees are 80% of the cost of new construction and have the cost represented by H2. Shell buildings – construction partially complete – never had a tenant.  
 D3: Up-fit building permit service fees are half the cost of new construction and have the cost represented by H3. Up-fit – construction complete – has been occupied.
- E. The ICC Value per sq. ft. is found on Page 2 of this document.
- F. A reduced cost factor is used such that the square footage over 15,000 sq. ft. is reduced by this factor to ensure that fees for large buildings do not become too costly.
- G. Permit Service Fee for New Construction and Additions. Electrical, Mechanical, and Plumbing trades have already been included in the fees\*.
- H. Major remodel Permit Service Fee is obtained by multiplying 50% with G (the permit service fee for new construction/additions). The remodel fees\* are half the fees of new construction.
- I. Included in the fees of G and H2 and H3 are the trades (electrical, mechanical, and plumbing work) associated with new construction, additions, and remodels.
- J. For Wrightsville, Carolina or Kure Beach calculate trade fees at 25% of new construction permit fee for each trade with which the work will be performed.

Cost Recovery factor is 0.004 up to 15,000 sq. ft.  
 August 2013 Table currently used

Cost recovery factor is 0.0012 for portion over 15,000 sq. ft.  
 ICC Table can be found at <http://www.iccsafe.org/cs/Pages/BVD.aspx>

\*See next page for ICC values

Construction Type

Group (2012 International Building Code)	IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB
A-1 Assembly, theaters, with stage	224.86	217.27	211.75	202.82	190.47	185.12	196.05	174.13	167.22
A-1 Assembly, theaters, without stage	205.84	198.25	192.73	183.80	171.46	166.11	177.03	155.12	148.21
A-2 Assembly, nightclubs	175.48	170.50	165.74	159.07	149.41	145.36	153.20	135.40	131.56
A-2 Assembly, restaurants, bars, banquet halls	174.48	169.50	163.74	158.07	147.41	144.36	152.20	133.40	130.56
A-3 Assembly, churches	207.90	200.31	194.78	185.86	173.66	168.32	179.09	157.32	150.42
A-3 Assembly, general, community halls, libraries, museums	173.93	166.34	159.82	151.89	138.66	134.32	145.12	122.32	116.42
A-4 Assembly, arenas	204.84	197.25	190.73	182.80	169.46	165.11	176.03	153.12	147.21
B Business	179.33	172.77	166.90	158.73	144.01	138.61	152.18	126.55	120.48
E Educational	190.23	183.68	178.30	170.23	158.53	150.15	164.36	138.54	134.04
F-1 Factory and industrial, moderate hazard	108.42	103.32	97.18	93.38	83.24	79.62	89.22	68.69	64.39
F-2 Factory and industrial, low hazard	107.42	102.32	97.18	92.38	83.24	78.62	88.22	68.69	63.39
H-1 High Hazard, explosives	101.53	96.44	91.29	86.49	77.57	72.95	82.34	63.02	N.P.
H234 High Hazard	101.53	96.44	91.29	86.49	77.57	72.95	82.34	63.02	57.71
H-5 HIPM	179.33	172.77	166.90	158.73	144.01	138.61	152.18	126.55	120.48
I-1 Institutional, supervised environment	177.76	171.50	166.52	159.45	146.31	142.45	159.13	131.29	126.72
I-2 Institutional, hospitals	304.49	297.93	292.06	283.89	268.07	N.P.	277.34	250.61	N.P.
I-2 Institutional, nursing homes	210.47	203.90	198.04	189.87	175.09	N.P.	183.31	157.63	N.P.
I-3 Institutional, restrained	204.27	197.71	191.84	183.67	170.47	164.08	177.12	153.01	144.94
I-4 Institutional, day care facilities	177.76	171.50	166.52	159.45	146.31	142.45	159.13	131.29	126.72
M Mercantile	130.79	125.81	120.05	114.38	104.47	101.42	108.50	90.46	87.62
R-1 Residential, hotels	179.14	172.89	167.90	160.83	147.95	144.10	160.52	132.93	128.36
R-2 Residential, multiple family	150.25	143.99	139.01	131.94	119.77	115.91	131.62	104.74	100.18
R-4 Residential, care/assisted living facilities	177.76	171.50	166.52	159.45	146.31	142.45	159.13	131.29	126.72
S-1 Storage, moderate hazard	100.53	95.44	89.29	85.49	75.57	71.95	81.34	61.02	56.71
S-2 Storage, low hazard	99.53	94.44	89.29	84.49	75.57	70.95	80.34	61.02	55.71
U Utility, miscellaneous	74.83	70.51	66.11	62.74	56.42	52.69	59.81	44.15	42.06

**New Construction permit fee is ICC Value X Sq. Ft. of building up to 15,000 X .004 plus Sq. Ft. over 15,000 X ICC Value X 0.0012**

**BUILDING SAFETY DEPARTMENT'S PERMIT SERVICE FEE SCHEDULE**

The Building Safety Department revised and clarified its fee schedule, effective July 1, 2022. In general, the department's intent is to make it easier for customers to understand how to use the formulas and the schedule. And more specifically, it assigns the same fee for all trade permits. The revised fee schedule should also make it easy for developers, architects, and builders to determine the permit and inspection costs before bidding a project, and there is no plan review fee.

**Commercial Charges/Fees (Differs for each)**

All outstanding fees must be paid before a certificate of compliance or certificate of occupancy is issued

\*Building Trades: E-Electric, M-Mechanical, P-Plumbing

**COMMERCIAL CHARGES/FEES**

Refund notice below and on Page 4	
Accessory buildings each trade	\$75
Building relocation or change of use includes trades	\$375
Construction site office includes trades	\$200
Demolition	\$100
*E,M,P appliance/equipment changeout	\$75
*E,M,P permits for minor work	\$75
Facility licensing verification (inspection)	\$100
Mobile sales office includes trades	\$300
Pole and attached to buildings includes trades	\$125
Prior to final utility release*	\$75
Power release without CO (existing building)	\$200
Roof Repair	\$100
Signs with foundation includes trades	\$200
Window replacement	\$100

Additional \$10 per window after the 1<sup>st</sup> window  
 Refunds for any of the above permits will not include the minimum service fee of \$75

Working without a permit - Commercial  
 Based on double the permit fee

Starting work without a permit	
Starting and substantially completing work	\$100
Starting and substantially completing work	\$250 for 1st occurrence [After the fact]
	\$500 for 2nd occurrence [After the fact]
	In a 12-month period

**BUILDING SAFETY DEPARTMENT'S PERMIT SERVICE FEE SCHEDULE**

The Building Safety Department revised and clarified its fee schedule, effective July 1, 2022. In general, the department's intent is to make it easier for customers to understand how to use the formulas and the schedule. And more specifically, it assigns the same fee for all trade permits. The revised fee schedule should also make it easy for developers, architects, and builders to determine the permit and inspection costs before bidding a project, and there is no plan review fee.

**Commercial Fees (Consistent amounts for each)**

All outstanding fees must be paid before a certificate of compliance or certificate of occupancy is issued

<b>After hours inspection rate; also used for verifying Safety &amp; Hazards on Buildings etc., pursuant to complaints.</b>	\$120	<b>Failure to Obtain Final Inspection When Job Complete</b>	\$100
<b>Contractor Change</b> Commercial	\$45	<b>Occupying a Structure Prior to CO</b>	\$100 First day known \$300 Second day, after the first known day \$500 Each day after the second day
<b>Copy of Certificate of Occupancy</b>	\$10	<b>Service fee for excessive inspections</b>	\$50 per inspection
<b>Copies of Records</b> Document Research: Temporary Help	\$0.10 per page	<b>Site conference</b>	\$50
		<b>Refunds</b>	Request for refunds must be made to DSC before work commences 25% or the minimum fee whichever is greater will be retained if a permit is canceled before work begins There is no refund for the minimum permit service fee There is no refund once work has started on a building project There is no refund for expired permits

**For Fees from other Departments, please refer to their fee schedules.**



## BUILDING SAFETY DEPARTMENT'S FEES FOR FIRE PREVENTION PERMIT SERVICES, VERIFICATIONS, AND APPROVALS

The Building Safety Department uses a modified fee structure for Fire Prevention permit services, on-site field verifications, and approvals. The department modified the fees to make it easier for developers, architects, and builders to determine the permit and inspection costs and the fees for other fire-safety services. The department removed the fees for plan reviews and those previously charged for inspections on permit-related work, except for the (Page 4) excessive inspections requested by contractors.

### FIRE PREVENTION FEES – NEW CONSTRUCTION PERMITS

New Fire Alarm	\$100+\$10 per 100 SQFT	NHC ERRCS (Emergency Responder Radio Coverage System) Install/Addition	\$100 + \$10 per 1000 SQFT
Fire Alarm Upfit	\$100	NHC ERRCS (Emergency Responder Radio Coverage System) Modify/Alter	\$100
Compressed Gases	\$75	Fire Code Plan Review	\$0
Fire Pump & Related Materials, Backflow Prevention	\$85	Fast-Track Fire Code Plan Review	\$0
Hazardous Materials Install, Repair, Abandon	\$120	Minimum Permit Fee (in general, unless otherwise stated)	\$90
Industrial Ovens – Install	\$75	Additions	\$0.06 per SQFT
Sprinkler- Auto Fire Extinguishing Systems	\$100 + \$10 per 1000 SQFT	Upfits	\$0.06 perSQFTX0.75
Sprinkler Upfit	\$100	Mobile Buildings	\$0
Sprinkler (on-site) Verifications (Alterations= no permit fee)	\$45	Accessory Structures	\$0
Above Ceiling Verifications	\$45	Commercial Inspection Fee	\$0
Spray Booth Rooms, Dip Operations	\$100	Demolition	\$0
Standpipe System Install/Modify	\$75	0 to 5,000 SQFT Permit Fee Formula	•• (A) X \$0.06 Fee per SQFT
Tanks, Pumps, Piping, New Construction	\$100	5,001 to 15,000 SQFT Permit Fee Formula	•• (A) X \$0.06 Fee per SQFT X 0.75
Underground Tank Abandoned	\$75 per Tank	Over 15,000 SQFT Permit Fee Formula	•• (A) X \$0.06 Fee per SQFT X 0.75
Underground Tank At Installation/Removal	\$100 per Tank	Commercial Shell Application	** (A) X \$0.06 Fee per SQFT X 0.90
Underground Tank Testing	\$75	•• (A)''' Gross Building Floor Area in SQFT.	
Above-ground Tank Installation/Removal	\$100 per Tank	Fee Rate for After-hours, Weekend and Holiday commercial inspection	\$120

### FIRE PREVENTION FEES – PERMITS/VERIFICATIONS FOR OTHER THAN NEW CONSTRUCTION

Fire Alarm and Detection Systems/Equipment	\$100 + \$10 per 1000 SQFT	Fire Code Plan Reviews	\$0
Fire Pump	\$75	Hood-Suppression Systems (Minimum \$110)	\$100 + \$10 per 1000 SQFT

### FIRE PREVENTION FEES- ADMINISTRATIVE FEES

Occupying a Building without C/O or C/C •-1st known date	\$100	Working without the required Fire Permit (Commercial and Multi-Family)	Double the permit fee
Occupying a Building without C/O or C/C • - 2nd day after first	\$300	Failure to obtain a final Fire Inspection	\$100
Occupying a Building without C/O or C/C • - each day after 2nd	\$500	Verifying Fire Hazard or Safety of Vacant Occupancy Buildings	\$120
• C/O, C/C = Certificate of Occupancy, Certificate of Completion		Inspection Fee (unless otherwise specified)	\$0

### FIRE PREVENTION FEES – FOR REFUNDS, PERMIT REVOCATIONS, EXPIRED PERMITS, CANCELLATIONS

Refund "if work has commenced"	No Refund	Expired Permit	See Page 5 of Fee Schedule
Refund "if work has not commenced"	See Page 5 of Fee Schedule	Canceled Permits	See Page 5 of Fee Schedule
Fraudulent	Permit revocation with no refund.	Fee charged if Inspection not cancelled by 7 am of scheduled day?	No Fee

## Fire Services Fee Schedule

TESTING/MAINTENANCE	
Apparatus Pump Testing	\$150 per test
Ground Ladder Testing	\$2 per foot x length of ladder
Respirator Fit Testing	\$25 per test
SCBA/Respirator Flow Testing	\$25 per test
SCBA Respirator Maintenance	\$25 per hour + Parts (actual + 5%)
Standpipe/Sprinkler Testing	\$75 per riser
Fire Pump Testing	\$150 per test
Hydrant Flow Test	\$200 per trip/test
Tank Testing (Above or Below Ground)	\$75 per tank
HAZMAT, STAND BY OR INCIDENT RESPONSE FEES	
<u>Apparatus</u>	
QRV/Mini-Engine/Brush Truck/Squad	\$100 per hour
Tender	\$150 per hour
Engine	\$200 per hour
Tower/Ladder/Rescue	\$250 per hour
Rescue Boat	\$50 per hour
Mobile Light/Air Unit	\$50 per hour
<u>Personnel</u>	
Firefighter	\$35 per hour
Fire Marshal/Deputy Fire Marshal	\$50 per hour
Chief Officer/Battalion Chief	\$50 per hour
Emergency Management Personnel	\$50 per hour
Off Duty Call Back Personnel	\$50 per hour
Consumables Used	Actual cost + 5%
Site/Incident Assessment Fee	\$50 per hour
INSPECTION FEES	
1st Inspection	No Fee
2nd Inspection (Notice of compliance issued)	No Fee
3rd Inspection (Identified code violation(s) not corrected)	\$50 per inspection + \$100 Civil Citation
4th Inspection (Identified code violation(s) not corrected)	\$100 per inspection + \$300 Civil Citation
5th Inspection (Identified code violation(s) not corrected)	\$150 per inspection + \$500 Civil Citation
After Hours or Holiday Inspection (excluding tents)	\$120 (\$60 for each hour after initial 2)
VIOLATIONS/FINES/CITATIONS	
Fire Lane Violation	\$50 per violation
<u>Civil Citations</u>	
1st Offense	\$100 each
2nd Offense	\$300 each
3rd Offense	\$500 each
Locked or Blocked Exit(s)	\$500 each door, each occurrence
<u>False Alarm Response</u>	
Residential (2 or more)	\$60 per incident
Commercial (2 or more)	\$120 per incident
Key holder Failure to Respond	\$100 per incident
MISCELLANEOUS	
Copy of Fire Report (Incident or Investigation)	\$3 per copy (no charge to owner)



## Fire Services Fee Schedule

HYDRANTS	
Bonding for Public Fire Hydrant Systems	\$5,000 per hydrant
Hydrant Testing/Fire Flow Test	\$200 per trip/test
Hydrant Testing/Fire Flow Witness	\$45 per trip/test
Installation of Private Fire Service Mains	\$150 each
Installation of Private Fire Hydrants	\$50 per riser
OPERATING PERMITS/INSPECTIONS	
Aerosol	\$75
Alcohol Licensing Inspection	\$75
Amusement Buildings	\$50 (30 days)
Aviation Facilities	\$75
Battery Systems	\$50
Carbon Dioxide Systems	\$75
Carnivals/Fairs (Tent/Air Supported Structure not included)	\$50 per event
Cellulose Nitrate Film	\$75
Combustible Dust Producing Operations	\$75
Combustible Fibers	\$75
Compressed Gases	\$75
<u>Covered Mall Buildings</u>	<u>based on event duration</u>
1 year	\$100
< = 30 days	\$75
<u>Day Care or Group Home</u>	<u>Fee per capacity</u>
1-49	\$75
50-150	\$120
> 150	\$175
Dry Cleaning Plants	\$75
Exhibits and Trade Shows	\$50 (30 day permit)
Exhibits and Trade Shows (After Hours)	\$80.00
<u>Explosives</u>	
30 day	\$150
> 30 days	\$300
Division 1.1, 1.2, 1.3	\$200 (30 day permit)
Blasting	\$50 per event
Transporting Division 1.1, 1.2, 1.3	\$200
Division 1.4, 1.5	\$100 (90 day permit)
<u>Flammable and Combustible Liquids</u>	<u>fee by vessel capacity</u>
Flammable & Combustible Liquids Class I 5-25 Gallons	\$65
Flammable & Combustible Liquids Class I, II 25-1000 Gallons	\$250
Flammable & Combustible Liquids Class I, II, III > 1000 Gallons	\$450
Flammable & Combustible Change In Contents	\$75
Floor Finishing	\$50.00
Operation Of Fuel Dispensing Facility	\$75
<u>Tanks (Above Or Below Ground)</u>	<u>per tank</u>
Removal	\$100
Installation	\$100
Tank Testing	\$75
Abandonment	\$50
Foster Home Inspection (Other than NHCO DSS Foster Home)	\$40
Fruit & Crop Ripening	\$50
Fumigation & Thermal Insecticidal Fogging	\$50

## Fire Services Fee Schedule

Gate	\$50 per gate
<u>Hazardous Materials Industrial</u>	<u>Fee based on occupancy square footage</u>
Hazardous Materials < 2500 Sq. Ft.	\$75
Hazardous Materials 2501-10,000 Sq. Ft	\$100
Hazardous Materials 10,001-40,000 Sq. Ft	\$200
Hazardous Materials >40,000 Sq. Ft	\$300
High Piled Storage	\$75
Hot Work Operations/Cutting & Welding	\$50
Industrial Ovens	\$75
Lumber Yards/Woodworking Plants	\$75
Liquid Or Gas Fueled Vehicles/Equipment (Interior Static Display)	\$50 (30 day permit)
Magnesium	\$75
Misc. Combustible Storage	\$75
Open Flames & Candles	\$50
<u>Place of Assembly (Note: Church sanctuaries are exempt from permit fees)</u>	<u>Based on occupancy</u>
Place Of Assembly 50-99	\$75
Place Of Assembly 100-300	\$125
Place Of Assembly 301-500	\$175
Place Of Assembly >500	\$250
Other Permits Required By Fire Code (specific to permits as result of ammended code during year)	\$75
Private Hydrant Systems	\$75
Private School	\$75
Pyrotechnic Special Effects Material - Indoors	\$200
Pyrotechnic Special Effects Material - Outdoors	\$150
Pyroxylin Plastics	\$75
<u>Repair Garage/Service Station</u>	<u>based on square footage of occupancy</u>
Repair Garage/Service Station <5000 Sq. Ft	\$75
Repair Garage/Service Station >5000 Sq. Ft	\$125
Rooftop Heliports	\$75
Spraying Or Dipping, Flammable Finishes	\$75
Storage Of Scrap Tires/Byproducts	\$75
Tent/Canopies/Air Supported Structures	\$50 each event
Tent/Canopies/Air Supported Structures (Excess Of 15,000 Square Feet)	\$75 each tent/each event or 90 day permit
Tent/canopies/Air Support Structures - After Hours/Weekend/Holiday	\$80 each event
Tire Rebuilding Plants	\$75
Waste Handling/Junkyard, Waste Facility	\$75
Wood Products	\$75



# NEW HANOVER COUNTY

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## PUBLIC HEALTH

Subject:	New Hanover County Public Health Fee Policy
Date of Origin:	July 1, 1984
Policy Number:	N/A – Stand Alone Policy

**PURPOSE AND SCOPE:**

Identify fees for services provided by the Environmental Health and Health Promotion Divisions of the New Hanover County Public Health (NHCPH). Provide guidelines for collection of fees for the services.

Provide guidelines for assessing fees for services provided in the Personal Health Services Division of the NHCPH and ensuring guidelines meet requirements for Title X funding for Family Planning.

**POLICY / PROCEDURE:**

**TABLE OF CONTENTS**

SECTION I	ENVIRONMENTAL HEALTH	2
SECTION II	HEALTH PROMOTION	3-5
	Smoke Free Restaurant Fines	3
	Safe Kids Cape Fear Child Passenger Safety Seat Program	4
SECTION III	PERSONAL HEALTH SERVICES	5-13
	General Guidelines	5-9
	Program Specific Information	9-11
	Accounts Receivable	11-12
SECTION IV	MISCELLANEOUS	13
	References	13
	Change History	13



# NEW HANOVER COUNTY

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## PUBLIC HEALTH

### ENVIRONMENTAL HEALTH DIVISION

A schedule of fees has been established for certain Environmental Health Division services. Payment is required prior to the provision of these services. Fees must be accompanied by the appropriate application and any other necessary documents or maps, and are payable ONLY in the Environmental Health Office OR through the US Postal Service. Staff SHALL NOT accept or agree to transport any payment of fees during their conduction of field work.

Fees are collected and recorded by the management support staff in the office during the hours of 7:30 AM until 5:00 PM. A receipt shall be issued for each fee collected. In the event that all management support staff are away from the office for a period during the specified hours, an Environmental Health Specialist shall be designated by Environmental Health management staff to accept applications, collect fees and issue receipts.

A daily deposit of collected fees shall be made between 3:00 PM and 3:30 PM with the appropriate Health Department management support staff person.

08/97



# NEW HANOVER COUNTY

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## PUBLIC HEALTH

### SECTION II

#### HEALTH PROMOTION

#### SMOKE FREE RESTAURANT FINES

Upon notification in writing of the third violation of the Act to Prohibit Smoking in Certain Public Places and Certain Places of Employment in accordance with G.S. 130A-22 (h1), the NHCPH shall impose an administrative penalty of \$200.00 on the person who manages, operates, or controls the business in violation.

The person who manages, operates, or controls the business has the right to appeal this decision to the local board of health. To pursue a formal appeal, a written notice of an appeal must be submitted to the local health director within 30 days of notification of the third violation. The notice of appeal must be filed in accordance with G.S.130A-24(b). A copy of G.S.130A-24 governing the appeal procedures shall be provided.

Subsequent violations of the law are considered separate and distinct violations of the law; and the person who manages, operates, or controls the business in violation is subject to an administrative penalty of not more than two hundred dollars (\$200). Each day on which a violation of this law or rule occurs may be considered a separate and distinct violation.

Payment for Smoke Free Restaurant Fines shall be made within 30 days of the date of notice unless an appeal has been filed. For appealed fines, payment shall be made within 30 days of the appeal decision.



# NEW HANOVER COUNTY

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## PUBLIC HEALTH

### **Safe Kids Cape Fear Child Passenger Safety Seat Program**

Safe Kids Cape Fear Child Passenger Safety Seat Program operates under the Safe Kids Buckle-Up Program with the primary goal to educate and instruct families on the proper use/installation of child restraints.

To qualify for a child passenger safety seat (car seat) customers must:

- Be a New Hanover County resident
- Be on at least one type of assistance (Medicaid, WIC, Health Choice, Work First, Food Stamps) and show proof of assistance
- Pre-register for class no later than two weeks prior to scheduled class
- Pay cash at the time of registration.

Foster parents are not eligible for child passenger safety seats. Grandparents and/or family members who have temporary custody of another family member's child are not eligible as they fall under the category of foster parent.

We do not accommodate child passenger safety seats for unborn children.

Program rates which include child passenger safety education and hands-on installation teaching methods are based upon the following scale:

- \$30.00 – Harness seat (Convertible or Combination seats)
- \$15.00 – High Back Booster seat
- \$10.00 – Backless Booster seat

To qualify for an additional or second (2<sup>nd</sup>) child passenger safety seat (car seat), customers must meet the guidelines noted above and one of the following:

- Child must have outgrown safety standards of current car seat.
- Be an initial seat for an additional child in the family, such as in the event of twins.



# NEW HANOVER COUNTY

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## PUBLIC HEALTH

Program rates for a second (2<sup>nd</sup>) child passenger safety seat which include child passenger safety education and hands-on installation teaching methods are based upon the following scale:

- \$50.00 – Harness seat (Convertible or Combination seats)
- \$20.00 – High Back Booster seat
- \$15.00 – Backless Booster seat

Program fees are due and payable at the time of pre-registration for the class. Failure to cancel or reschedule within two (2) weeks of scheduled class date will result in forfeiture of program fee.

During Safe Kids Cape Fear Child Passenger Safety Seat Program special events, car seats will be provided based on availability in the event a child's current car seat fails safety standards. The car seat will be provided at no charge from supplies donated by the State.

### SECTION III

### PERSONAL HEALTH SERVICES

#### I. General Guidelines

- A. The fee system implemented by this organization has been approved by the New Hanover County Board of Health (NHCBOH). Implementation date was July 1, 1984. For the Women's Preventive Health Section fee system was approved by the NHCBOH in October 1983. Revision Date: December 2005.
- B. The New Hanover County Public Health serves the public interest best by assuring that all legally required public health services are furnished for all citizens and then providing as many recommended and public health services as it can for those citizens with the greatest need.
- C. Services provided by Public Health will not be restricted or denied based on residency or inability to pay. Every effort will be made to provide services to patients at or below 150% of the Federal Poverty Level. Patients are not required to apply for Medicaid coverage in order to receive services provided by the NHCHD.
- D. New Hanover County Public Health provides services without regard to religion, race, national origin, creed, gender, parity, marital status, age or contraceptive preference.



## NEW HANOVER COUNTY

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### PUBLIC HEALTH

- E. Unless confidentiality is a barrier, if a patient has any form of third-party reimbursement, to include Medicaid, Medicare and other private insurance, that payer must be billed for services, with the exception of flat rate charges. Medicaid will be billed as the payer of last resort. Patients must sign the Authorization and Assignment of Benefits Form for all third party reimbursement.
- F. Patients who are receiving Medicaid (Title XIX) will submit their Medicaid number for third party payment. Reimbursable visits will be claimed to Title XIX for payment and no further charges will be made to the patient with the exception of applicable co-pays which shall be collected at the time of service.
- G. Sliding fee scales will be applied in specified programs and will be based on the income and number of persons in the economic unit. The economic unit includes persons living in the household, related or non-related, who share their production of income and consumption of goods
- H. The New Hanover County Public Health (NHCPH) will require “proof of income” to reduce charges when applying the sliding fee scale. If a patient is unable to produce this required information, they will be placed on a 100% sliding fee scale status, for a period of thirty (30) days. Services will not be denied on day of appointment for failure to provide verification of income. If proof of income is provided within the thirty-day period, the patient will be billed accordingly. If proof of income is not provided within the established timeframe, the patient will be billed at 100% of the NHCPH fee(s). Client income is re-evaluated annually, upon change in income and when proof of income is required for other programs. Income reported through other programs offered in NHCPH may be used rather than re-verifying income. The NHCPH representative has the right to verify income information in all cases; however, the patient must read, understand, and sign the income statement in order for their income to be checked. The sliding fee scale does not apply to all services. Services with flat rate fees do not require proof of income. In extreme or unusual circumstances, the Health Director or designee may make exceptions.
- I. If a patient prefers not to produce required proof of income information, they will be placed on a 100% sliding fee scale status. However, the patient must read, sign, and date the waiver on the NHCPH Socio-Economic Income Statement.
- J. Payment of co-pay for third party billing is expected at the time of service for all chargeable services. Applicable deductible and co-insurance amounts will be billed to the patient upon receipt of insurance Explanation of Payment. Partial payment is accepted for all chargeable services, with the exception of flat fee services. Co-pays are not subject to sliding fee scale. Medicaid patients, effective November 1, 2010, are no longer exempt from co-pays with the exception of family planning patients,





## NEW HANOVER COUNTY

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### PUBLIC HEALTH

- pregnant women, children from birth through age 20 and patients receiving State mandated services. Payment for non-covered services is expected at time of service. Patient must have signed the Acknowledgment of Non-Covered Services form prior to receiving their service(s) to accept responsibility for payment of designated services.
- K. Co-payments assigned by third party insurances, which includes Health Choice, to Family Planning patients must be compared to total sliding fee charges for the total visit as if they had no insurance. Patient shall be charged the lesser of the two amounts. If patient falls in the 0% pay category on the sliding fee scale, the patient is not responsible for the co-payment.
  - L. If a patient has a remaining balance on their account, a payment agreement and schedule will be established and signed by the patient. Patients who have demonstrated no “good faith” effort to pay may be subject to service restrictions with the exception of Family Planning services and those services provided to patients per State laws.
  - M. Family Planning patients with delinquent balances will not be denied services nor have service restrictions imposed due to inability to pay.
  - N. Family Planning patients with delinquent balances are not required to meet with the Health Director for purposes of collection of delinquent balances.
  - O. Fees must be waived for individuals with family incomes above 100% of the Federal Poverty Level who, as determined by the service site project director, are unable, for good cause, to pay for family planning services (42 CF2 59.2).
  - P. Payment in full is required at the time of service for vaccines not supplied by the State, with the exception of those billed to third party payors. Co-payments, co-insurance and non-covered services will be billed to the patient upon receipt of third party explanation of benefits.
  - Q. For patients who demonstrated no “good faith” effort to pay on their account balance equal to or greater than \$5.00 which is ninety (90) days or more past due, NHCPH will submit necessary information to the New Hanover County (NHC) Finance Department for the purpose of collecting such outstanding debt. NHC Finance Department will pursue payment of such outstanding debt through their internal collection process to include the North Carolina Local Government Debt Set-off Program.



## NEW HANOVER COUNTY

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### PUBLIC HEALTH

- R. If payment arrangements were made for unpaid balances, to include Family Planning, failure to make payments according to the payment plan within ninety (90) days will result in necessary information being submitted to the NHC Finance Department for the purpose of collecting such outstanding debt.
- S. North Carolina State Law prohibits charging patients for the following: Administration of vaccines (IMM) required by law; examination and treatment of STDs; and examination and treatment of tuberculosis (TB).
- G.S. 130A-153(a) Local health departments shall administer required and State-supplied immunizations at no cost to uninsured or underinsured patients with incomes below two hundred percent (200%) of the federal poverty level.
  - NHCPH does not assess charges for administering vaccines to any patient regardless of income who qualifies for State-supplied vaccines.
  - G.S. 130A-144(c) The local health director shall ensure that control measures prescribed by the Commission have been given to prevent the spread of all reportable communicable diseases or communicable conditions and any other communicable disease or communicable condition that represents a significant threat to the public health. The local health department shall provide, at no cost to the patient, the examination and treatment for tuberculosis disease and infection and for sexually transmitted diseases designated by the Commission.
  - Patients receiving services for the examination and treatment of sexually transmitted infections (STI) or examination and treatment for tuberculosis (TB) are not assessed charges for these services. Non-related services provided during a STI or TB visits may be chargeable to the patient with exception of pregnancy testing.
  - Per the NCDHHS/DPH, health departments should strive to identify early pregnancy in all women of child bearing age when there is uncertainty – re: pregnancy status regardless of what type of service the client presents for and to assure the client is referred to the appropriate reproductive or maternity care whichever is indicated by the test results.
  - NHCPH has adopted the recommendation made by NCDHHS/DPH to provide pregnancy testing to women presenting for STD services who are unsure of their pregnancy status. Self-pay patients will be provided the pregnancy test at no charge. Medicaid and third party insurances will be billed our standard fees; however, any remaining balance indicated as patient responsibility from third party insurances will be disallowed and not charged to the patient.



## NEW HANOVER COUNTY

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### PUBLIC HEALTH

- If patients receiving state mandated services (STI/ TB/ IMM) have insurance coverage, their insurance company will be billed the established fee unless the breach of confidentiality statement is signed by the patient requesting that third party billing not occur on the Authorization and Assignment of Benefits Form. If there is a balance remaining after payment is received from the insurance company, the patient will not be billed for this balance.
  - All laboratory tests processed by the State Laboratory will be provided at no charge to patients. Communicable Disease Control Program guidelines must be adhered to when tests are ordered.
  - Postpartum Assessment Home Visits, Newborn Assessment Home Visits, Intensive Home Visiting and Childbirth Classes will be billed to Medicaid. For non-Medicaid patients, Childbirth Classes will be billed to the client according to a public schedule of charges and placed on a sliding fee scale. Clients must provide proof of income to determine fee eligibility. For non-Medicaid clients, payment for Childbirth class is required at the time of service.
- T. If an insurance company pays for services rendered and payment is sent directly to the patient; the patient is responsible for payment to the NHCPH. In such instances, services may be restricted until said payment is received by the NHCPH. Exceptions to this rule are Family Planning services and those services provided to patients per State laws.
- U. Reimbursable visits, for patients with insurance coverage, will be billed to the insurance company. If there is a balance remaining after the insurance payment is received by NHCPH, the balance will be billed to the patient, unless otherwise mandated by law or through the Consolidated Agreement between the State of North Carolina and the New Hanover County Public Health. Sliding fee scale adjustments will be applied to balances according to program guidelines.
- V. A Collections, Small Balance Write-off and Bad Debt Write-off policy has been established.
- W. Fees, based on current cost or purchase of supplies, may be adjusted by the Health Director. New services may be added upon approval by the Health Director if the annual revenues for the service are not expected to exceed \$5,000. Charges are based on cost analysis.
- X. Tests or vaccines recommended or required as part of the Employee Health Program will be administered at no charge to NHCPH employees or volunteers. Charges for



# NEW HANOVER COUNTY

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## PUBLIC HEALTH

tests or vaccines will not be billed to the employees' or volunteers' private insurance due to administrative laws.

- Y. All clinic and in-house laboratory fees will be collected as part of the check-out process by the NHCPH Check-out Clerk. Laboratory fees for self-pay patients receiving out-sourced testing will be collected by the NHCPH Check-out Clerk. Out-sourced testing for patients with Medicaid will be billed directly by the private laboratory. Billing of out-sourced testing for patients with other third party insurance or self-pay status will be processed according to program guidelines by the NHCPH Billing Unit.
- Z. The Health Director, or designee, has the authority to waive or reduce fees for special projects or targeted populations.
- AA. Donations may be accepted from any patient regardless of income status as long as they are truly voluntary. There should be no "schedule of donations", bills for donations, or implied or overt coercion. Donations are not a prerequisite for provision of any service or supply. Billing requirements are not waived because of client donations.
- BB. Upon receipt from the State, use of new Federal Poverty Levels (FPL) will be automatically implemented, as they apply to our various programs. Personal Health Services programs utilize the 101-250% of FPL scale with the exception of WIC. Currently, our WIC program uses the 101-185% of FPL scale. Mobile Dental Unit services slide to 60%. Patients falling at 0%, 20% and 40% on the sliding fee scale will be assessed fees at 60% of our standard fee for dental services.

## II. Program Specific Information

- A. Environmental Charges – Water Bacteriology
  - 1. Samples collected by the Environmental Health division will be charged and the fee collected in the Environmental Health section.
  - 2. On an as needed basis, the Environmental Health clerk will submit a report to the Laboratory Director listing total water sample revenues for the designated time period.
  - 3. Fees for water samples not collected by the Environmental Health Division will be processed by the NHC Public Health Billing Unit.



## NEW HANOVER COUNTY

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### PUBLIC HEALTH

4. Checks will be received by the Support Services Division and deposited to the appropriate account.

#### B. Women's Preventive Health

1. The WPH Program has established a method of directly assessing patient charges and collecting payments for clinical services in accordance with Title X regulations and the fee policy as established by New Hanover County Board of Health. Services are provided to all persons without regard to their income level, and the inability to pay is not a barrier to the receipt of these services.
2. There will be no minimum fee requirement or surcharge that is indiscriminately applied to all patients.
3. Clients whose documented income is at or below 100% of the Federal Poverty Level are not charged for services. Full charges will be assessed if patient income falls at or above 250% of the Federal Poverty Level. Proof of income will be required for Family Planning patients receiving services in the Women's Preventive Health Program. A schedule of discounts has been developed for Title X (Family Planning) services. Eligibility for discounts is documented in the client's record. A schedule of discounts has sufficient proportional increments to ensure income is not a barrier to services. The schedule of discounts is used for family incomes from 101%-250% of federal poverty level.
4. Patients, to include un-emancipated minors, seeking confidential services are "a family of one" and are to be considered on the basis of their own resources. In such cases, the patient's income must still be reported through the patient data system. Third-party sources (e.g. Insurance, Title XIX) should be billed the established fee if eligibility criteria are met unless the breach of confidentiality statement is signed by the patient requesting that third party billing not occur. Charges to patients receiving confidential services will be based on the local fee schedule.
5. Charges may be made for supplies not required by the plan of contraceptive care based on cost of supplies. Charges for extra cycles of pills may also be made for self-pay patients. Charges for family planning services, to include supplies, will be billed based on sliding fee scale. However, non-family planning services will be charged according to locally established fee schedule and will apply to all patients.



## NEW HANOVER COUNTY

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### PUBLIC HEALTH

6. Family Planning patients with Medicaid, Family Planning Waiver Medicaid and private insurance requesting birth control pills as their method will be provided a prescription to be filled at their local pharmacy. Self-pay patients will be charged for their supply of pills. Sliding fee scale applies to the charges. Clients with insurance who are seeking confidential services are considered self-pay.
7. If a self-pay patient reports she has lost her birth control pills or needs additional cycles of pills to provide continued coverage until her appointment, additional cycles of pills may be provided by order of the clinician. If the patient has lost her pills twice during the year, then an alternative birth control method may be considered.
8. If an insured patient loses her prescription or birth control pills, then the clinician may consider re-issuing the prescription.
9. The NHCPH Socio-Economic Data and Income Form is prepared from verified income information. Patient fee is determined using DHHS Women's and Children's Health Section sliding fee scale.
10. Family Planning patients shall receive a statement(s) directly, regardless of sliding fee scale percentage, at the completion of their visit at the checkout desk. The statement shall show the total charges, any allowable sliding fee discounts and payments made by the patient. If a third party is responsible, bills shall be submitted to that party. Third parties authorized or legally obligated to pay for clients at or below 100% of the federal poverty level are properly billed. Third party bills show total charges without any discounts unless there is a contracted reimbursement rate that must be billed per the third party contract.
11. Services provided that are not required Title X services are funded with other than Title X funds before applying Title X funds to those activities.
12. It is illegal for fees collected in family planning to be put in any fund other than a separate WPH account for use in the local WPH Program. \*\*

\*\* \_\_\_\_\_ Re: U.S. Department of Human and Health Services Public Health Service, D.H.H.S. Publication (OASH) 82-50,00 pg. 25, Found in Codified Fed. Reg. for FP #420FR59.5 (s) (8).

#### C. Laboratory





## NEW HANOVER COUNTY

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### PUBLIC HEALTH

1. Customer Care will register patient in the electronic health record system on private providers' patients.
2. The Laboratory will indicate services rendered, to include diagnosis code, in the electronic health record system.
3. The patient will be directed to the checkout desk.

#### D. Child Health Services

1. Children seen for Child Health Services will be charged in accordance with the NHCPH Sliding Fee. Medicaid, Health Choice and private insurance will be billed for eligible patients. Sliding fee scale will be applied to non-covered services, deductible amounts and co-insurance amounts. Co-pays are not subject to sliding fee scale adjustments. Exception is for blood lead screening for children receiving WIC as noted below.
2. Children receiving WIC services will be offered blood lead screening at “no charge.” Medicaid may be billed for the blood lead screening; and patients with dual coverage, private insurance will be billed and balances transferred to Medicaid as a crossover claim. Patients will not be charged for any remaining balances.

#### IV. Accounts Receivable

The Accounts Receivable Bookkeeping System includes:

1. The fee policy will be explained to each patient with explanations of purpose and details of procedure when the patient presents for services. Each patient is given an opportunity to pay and every effort will be made by the staff to collect total or partial payment or co-pay for third party billing on the day of the visits. Applicable deductible and co-insurance will be billed to the patient upon receipt of insurance Explanation of Payment.
2. Co-payments assigned by third party insurances, which includes Health Choice, to Family Planning patients must be compared to total sliding fee charges for the patients visit. Patient shall be charged the lesser of the two amounts. If patient falls in the 0% pay category on the sliding fee scale, the patient is not responsible for the co-payment.



## NEW HANOVER COUNTY

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### PUBLIC HEALTH

3. Payment in full is required for flat fee services to include vaccines not supplied by the State, with the exception of those billed to third party payors. Co-payments, co-insurance and non-covered services will be billed to the patient upon receipt of third party explanation of benefits.
4. Provided that patient confidentiality is not jeopardized, statements in the amount of \$5.00 and above showing total charges (less sliding scale discount) will be mailed to patients 45 days after their visit. Two additional statements with balance owed will be mailed if no payment or partial payment is made.
5. Statements will not be mailed to patients with account balances less than \$5.00. The balances will be submitted to the NHC Finance Department for processing as a small balance write-off.
6. Patients who demonstrated no “good faith” effort to pay on their account balance in the amount of \$5.00 or more which is ninety (90) days or more past due, NHCPH will submit necessary information to the New Hanover County (NHC) Finance Department for the purpose of collecting such outstanding debt. Additionally, such patient accounts will be flagged within our patient care management database as being in a collection status.
7. If payment arrangements were made for unpaid balances, to include Family Planning, failure to make payments according to the payment plan within ninety (90) days will result in necessary information being submitted to the NHC Finance Department for the purpose of collecting such outstanding debt.
8. Patients with account balances who have demonstrated no “good faith” effort to pay will be subject to service restrictions. Service restrictions will be at the discretion of the Health Director or designee and may include prioritizing or restricting appointments. Exception to this rule is Family Planning.





# NEW HANOVER COUNTY

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## PUBLIC HEALTH

### V. MISCELLANEOUS

#### REFERENCES:

NHCPH-Fee Schedules (Environmental Health, Clinical Services/Dental)

NHCPH- Sliding Fee Scales

NHCPH-Local Use Codes

#### CHANGE HISTORY:

Version	Date	Comments
A	01/01/16	New Format – Many revisions made by recommendation of Ann Moore, DHHS Administrative Consultant
B	06/22/17	Inserted – General Guidelines I. O and II. Program Specific Information B. Women’s Preventive Health 3. – revised to meet Title X guidelines.
C	07/01/17	<b>Environmental Health Division</b> – EH Fee Schedule move to Fee Schedule folder in SharePoint. <b>Personal Health Services</b> – General Guidelines Q. - Removed information regarding administrative penalty for delinquent accounts. General Guidelines R. – Deleted G.S. 130A -162, G.S. 130A – 178(a) and reference to letter from Dr. Levine and added G.S. 130A-144(c) all of which updated prior statutes. General Guidelines AA. – Revised to indicate use of 101-250% of FPL. Accounts Receivable 6. – Removed information regarding administrative penalty for delinquent accounts. Program Specific – D. Child Health – 1. Added clarification of billing of services; 2. Added Blood lead screening; References – Added Environmental Health to NHCHD Fee Schedules.
D	07/01/18	<b>Personal Health Services</b> - General Guidelines I. C. Added statement recommended by Administrative Consultant – no requirement for applying for Medicaid. Removed Patient Bill of Rights – now a stand-alone document.
E	12/31/18	Updated Letterhead. Changed New Hanover County Health Department (NHCHD) to New Hanover County Public Health (NHCPH). Removed statement that customer care initiates an encounter form. Removed statement the Laboratory will indicate services rendered on encounter form

<b>PERSONAL HEALTH SERVICES - FEE SCHEDULE</b>		
<b>CPT /HCPCS/LU CODES &amp; FEES</b>		
<b>Effective 07/01/23</b>		
<b>CPT /HCPCS Codes</b>	<b>CPT /HCPCS Description</b>	<b>NHCPH Fees</b>
<b>NEW PATIENT VISIT CODES</b>		
99202	New Pt Level II - Problem Focus	\$ 103.00
99203	New Pt Level III - Expanded	\$ 144.00
99204	New Pt Level IV - Detailed	\$ 210.00
99205	New Pt Level V - Comprehensive	\$ 260.00
99381	New Pt/Well Exam <1 Year	\$ 120.00
99381EP	New Pt/Health Check <1 Year	\$ 120.00
99382	New Pt/Well Exam 1-4 Years	\$ 130.00
99382EP	New Pt/Health Check 1-4 Years	\$ 130.00
99383	New Pt/Well Exam 5-11 Years	\$ 167.00
99383EP	New Pt/Health Check 5-11 Years	\$ 167.00
99384	New Pt/Well Exam 12-17 Years	\$ 182.00
99384EP	New Pt/Health Check 12-17 Years	\$ 182.00
99384FP	New Pt/Family Planning 12-17 Years	\$ 182.00
99385	New Pt/Well Exam 18-39 Years	\$ 180.00
99385EP	New Pt/Health Check 18-20 Years	\$ 180.00
99385FP	New Pt/Family Planning 18-39 Years	\$ 180.00
99386	New Pt/Well Exam 40-64 Years	\$ 199.00
99386FP	New Pt/Family Planning 40-64 Years	\$ 199.00
99387	New Pt/Well Exam > 65 Years	\$ 215.00
<b>ESTABLISHED PATIENT VISIT CODES</b>		
99211	Est Pt Level I – Minimal	\$ 40.00
99212	Est Pt Level II - Problem Focus	\$ 65.00
99213	Est Pt Level III – Expanded	\$ 87.00
99214	Est Pt Level IV – Detailed	\$ 133.00
99215	Est Pt Level V – Comprehensive	\$ 196.00
99391	Est Pt/Well Exam <1 Year	\$ 100.00
99391EP	Est Pt/Health Check <1 Year	\$ 100.00
99392	Est Pt/Well Exam 1-4 Years	\$ 101.00
99392EP	Est Pt/Health Check 1-4 Years	\$ 101.00
99393	Est Pt/Well Exam 5-11 Years	\$ 137.00
99393EP	Est Pt/Health Check 5-11 Years	\$ 137.00
99394	Est Pt/Well Exam 12-17 Years	\$ 158.00
99394EP	Est Pt/Health Check 12-17 Years	\$ 158.00
99394FP	Est Pt/Family Planning 12-17 Years	\$ 158.00
99395	Est Pt/Well Exam 18-39 Years	\$ 154.00
99395EP	Est Pt/Health Check 18-20 Years	\$ 154.00
99395FP	Est Pt/Family Planning 18-39 Years	\$ 154.00
99396	Est Pt/Well Exam 40 - 64 Years	\$ 170.00
99396FP	Est Pt/Family Planning 40-64 Years	\$ 170.00
99397	Est Pt/Well Exam > 65 Years	\$ 188.00
<b>COUNSELING CODES</b>		
90785	Interactive Complexity/Add-on	\$ 5.00
90791	Psychiatric Diagnostic Evaluation	\$ 180.00
90832	Psychotherapy, 16-37 minutes	\$ 75.00
90834	Psychotherapy, 38-52 minutes	\$ 115.00
90837	Psychotherapy, 53+ minutes	\$ 175.00
90839	Psychotherapy for Crisis, 30-74 minutes	\$ 180.00
90840	Psychotherapy for Crisis, each additional 30 minutes, maximum of two add-ons per 90839	\$ 90.00
90846	Family Psytx w/o patient	\$ 115.00
90847	Family Psytx w/patient	\$ 140.00
90853	Group Psychotherapy	\$ 40.00

96130	Psychological test administration; first hour	\$ 150.00
96131	Psychological test administration; each additional hour	\$ 120.00
96136	Psychological test administration and scoring; first 30 minutes	\$ 60.00
96137	Psychological test administration and scoring; each additional 30 minutes	\$ 60.00
98960	Education & Training for Patient Self-management Individual Face-to-Face – 30 minutes	\$ -
98961	Education & Training for Patient Self-management Group, Face-to-Face – 30 minutes	\$ -
98966	Non Face-to Face Nonphysician Telephone Services 5-10 minutes (Behavioral Health)	\$ 15.00
98967	Non Face-to Face Nonphysician Telephone Services 11-20 minutes (Behavioral Health)	\$ 30.00
98968	Non Face-to Face Nonphysician Telephone Services 21-30 minutes (Behavioral Health)	\$ 40.00
99401	Prev Medical Counseling - 15 Min	\$ 40.00
99402	Prev Medical Counseling - 30 Min	\$ 76.00
99403	Prev Medical Counseling- 45 Min	\$ 113.00
99404	Prev Medical Counseling- 60 Min	\$ 144.00
99406	Smoking & Tobacco Cessation Counseling Visit: Intermediate, greater than 3 minutes, up to 10 minutes	\$ 20.00
99407	Smoking & Tobacco Cessation Counseling Visit: Intensive, greater than 10 minutes	\$ 35.00
99411	Group Counseling - 30 Min	\$ 39.00
99412	Group Counseling - 60 Min	\$ 68.00
99429	Unlisted Preventive Medicine Service	\$ -
99361	Medical Conference (30 min)	\$ 73.00
99362	Medical Conference (60 min)	\$ 120.00
99441	Non- Face-to-Face Telephone Services 5-10 minutes	\$ 15.00
99442	Non- Face-to-Face Telephone Services 11-20 minutes	\$ 30.00
99443	Non- Face-to-Face Telephone Services 21-30 minutes	\$ 40.00
<b>OTHER CLINIC SERVICES</b>		
LU102	Completion of "Record of Tuberculosis Screening" DHHS 3405	\$ 15.00
LU125	PPD Reading/Placed Elsewhere (not TB contact or suspect)	\$ 15.00
J1050	DepoProvera Injection	\$ 130.50
J7300	Paragard (IUD)	\$ 920.00
J7297	Liletta (IUD)(3 year IUD)	\$ 820.00
J7298	Mirena (IUD)(5 year IUD)	\$ 975.00
J7303	NuvaRing, each	\$ 175.00
J7307	Nexplanon	\$ 1,000.00
S9442	Childbirth Education Classes (per 1 hr. unit)	\$ 10.75
S4993	Birth Control Pills – all formularies	\$ 10.00
T1001	Maternal Care Skilled Nurse Home Visit	\$ 96.00
T1002	TB Control Treatment	\$ 25.00
11981	Insertion, non-biodegradable drug delivery implant	\$ 150.00
11982	Removal, non-biodegradable drug delivery implant	\$ 175.00
11983	Removal/re-insertion, non-biodegradable drug delivery implant	\$ 250.00
20552	Injection(s) single or multiple trigger point(s), 1 or 2 muscles	\$ 60.00
46900	Destroy Anal Lesion(s)	\$ 240.00
54050	Destruction/Lesion/Condyloma	\$ 134.04
56501	Destroy Vulva Lesion (s)	\$ 150.00
57170	Diaphragm Fitting	\$ 110.00
57452	Colposcopy w/o Biopsy	\$ 150.00
57454	Colposcopy w/Biopsy	\$ 220.00
57505	Endocervical curettage	\$ 160.00
57456	Colposcopy w/endocervical curettage	\$ 200.00
58300	IUD Insertion	\$ 130.00
58301	IUD Removal	\$ 150.00
86580	TB Intradermal Test	\$ 20.00

92551	Pure Tone Audiometry, air	\$	30.00
92587	OAE Hearing Screening	\$	70.00
96110	Developmental Delay/Autism & Autism Spectrum Disorders Screen	\$	33.00
96127	Social-emotional/Mental Health Screen/CRAFFT Brief	\$	33.00
96158	MH Health and Behavior Intervention, individual, initial 30 min	\$	65.00
96159	MH Health and Behavior Intervention, individual, add'l 15 min	\$	30.00
96160	Adolescent Health Risk Screen - age 11--20	\$	33.00
96161	Maternal Depression Screening/Well Child Visit	\$	33.00
99172	Vision acuity Screening – Color	\$	30.00
99173	Vision Acuity Screening	\$	30.00
D0145	Oral evaluation for a patient under three years of age and counseling/Well Child Visit (Into the Mouthes of Babes)	\$	45.00
D1206	Topical application of fluoride varnish/Well Child Visit (Into the Mouths of Babes)	\$	30.00
99188	Application of topical fluoride varnish by physician or other qualified health care professional/Well Child Visit (Into the Mouths of Babes)	\$	30.00
99501	Postpartum Assessment Home Visit	\$	65.00
99502EP	Newborn EPSDT Screen Home Visit	\$	90.00
99502	Newborn Assessment Home Visit	\$	68.00
<b>INJECTION/IMMUNIZATION ADMINISTRATION CODES</b>			
90471	IMM Administration Single Dose	\$	25.00
90471EP	IMM Administration Single Dose ( Health Check)	\$	25.00
90472	IMM Administration- Each Additional Inj.	\$	25.00
90472EP	IMM Administration – Each Additional Inj. (HC)	\$	25.00
90473	Imm Adm Fee/Intranasal/Oral	\$	25.00
90473EP	Imm Adm Fee/Intranasal/Oral (Health Check)	\$	25.00
90474	Imm Adm Fee/Inj + Intranasal/Oral	\$	25.00
90474EP	Imm Adm Fee/Inj + Intranasal/Oral (Health Check)	\$	25.00
95115	Immunotherapy, one injection	\$	15.00
95117	Immunotherapy injections	\$	20.00
96372	Injection (SC) / (IM)	\$	20.00
G0008	Medicare Administration Fee (FLU)	\$	25.00
G0009	Medicare Administration Fee (Pneu)	\$	25.00
0001A, 0002A,0003A,0004A	Pfizer COVID-19 Administration Fee 1st, 2nd, 3rd, Booster Dose (12 yrs &Older	\$	65.00
0051A,0052A, 0053A, 0054A	Pfizer COVID-19 Administration Fee (Pre-diluted)1st, 2nd, 3rd, Booster Dose (12 yrs & older)	\$	65.00
0071A,0072A,0073A,0074A	Pfizer COVID-19 Administration Fee 1st, 2nd, 3rd, Booster Dose (Pediatric)	\$	65.00
0081A,0082A,0083A	Pfizer COVID-19 Administration Fee 1st, 2nd, 3rd Dose (Pediatric- 6 mos-4 yrs)	\$	65.00
0124A	Pifizer COVID-19 Administration Fee Bivalent Booster (12 yrs & older)	\$	65.00
0154A	Pifizer COVID-19 Administration Fee Bivalent Booster (5 yrs-11yrs)	\$	65.00
0173A	Pifizer COVID-19 Administration Fee Bivalent Booster 6 mos-4 yrs)	\$	65.00
011A, 0112A,0113A	Moderna COVID-19 Administration Fee 1st, 2nd, 3rd Dose (12 yrs and older)	\$	65.00
0064A	Moderna COVID-19 Administration Fee (Low Dose) Booster (18 yrs & older)	\$	65.00
0091A, 0092A, 0093A	Moderna COVID-19 Administration Fee 1st, 2nd, 3rd Dose (Pediatric- 6 mos-11yrs)	\$	65.00
0094A	Moderna COVID-19 Administration Fee (Booster- 18 yrs & older)	\$	65.00
0111A,0012A, 0113A	Moderna COVID-19 Administration Fee 1st, 2nd,3rd dose (Pediatric-6 mos-5 yrs)	\$	65.00
0134A	Moderna COVID-19 Administration Fee (Bivalent) 12 yrs & older	\$	65.00
0144A	Moderna COVID-19 Administration Fee (Bivalent) 6 yrs-11yrs	\$	65.00
0164A	Moderna COVID-19 Administration Fee (Bivalent) 6 mos-5yrs	\$	65.00
0031A	Janssen COVID-19 Administration Fee 1st Dose	\$	65.00
0034A	Janssen COVID-19 Administration Fee Booster	\$	65.00

M0201	COVID-19 Home Vaccine Administration Fee	\$	45.00
D1701	Pfizer COVID-19 Administration Fee-1st Dose (BCBS)	\$	65.00
D1702	Pfizer COVID-19 Administration Fee-2nd Dose (BCBS)	\$	65.00
D1708	Pfizer COVID-19 Administration Fee-3rd Dose (BCBS)	\$	65.00
D1709	Pfizer COVID-19 Administration Fee Pediatric Booster (BCBS)	\$	65.00
D1713	Pfizer COVID-19 Administration Fee Pediatric 1st Dose (BCBS)	\$	65.00
D1714	Pfizer COVID-19 Administration Fee Pediatric 2nd Dose (BCBS)	\$	65.00
D1703	Moderna COVID-19 Administration of 1st Dose (BCBS)	\$	65.00
D1704	Moderna COVID-19 Administration of 2nd Dose (BCBS)	\$	65.00
D1710	Moderna COVID-19 Administration of 3rd Dose (BCBS)	\$	65.00
D1711	Moderna COVID-19 Administration of Booster (BCBS)	\$	65.00
D1707	Janssen COVID-19 Administration Fee (BCBS)	\$	65.00
D1712	Janssen COVID-19 Administration Fee Booster (BCBS)	\$	65.00
<b>VACCINE CODES</b>			
90281	*Immune Globulin	\$	30.00
90620	Bexero - Meningococcal vaccine, group B	\$	225.00
90619	MenQuadif-Meningococcal vaccine, groups A,C,Y,W	\$	175.00
90621	Trumenba - Meningococcal vaccine, group B	\$	200.00
90626	Tick-Borne Encephalitis Vaccine 0.25 ML	\$	320.00
90627	Tick-Borne Encephalitis Vaccine 0.50 ML	\$	320.00
90632	Hep A/Adult	\$	85.00
90633	HEP A Pediatric / Adolescent	\$	45.00
90636	HEP A/B Combination Vaccine	\$	130.00
90647	Pedvax (Hib)	\$	45.00
90648	Hiberix/ACT Hib/OMNI Hib (State)		N/C
90651	Gardasil-9	\$	275.00
90661	Flucelvax – Age 18+ (patients with egg allergies)	\$	35.00
90674	Flucelvax-Age 4+ Quadrivalent IIV4 (patient with egg allergies)	\$	35.00
90662	Flu Vaccine – High Dose (Age 65+)	\$	70.00
90665	Lyme Disease vaccine, IM	\$	55.00
90670	Prevnar/PCV-13	\$	275.00
90677	Prevnar/PCV-20	\$	300.00
90675	Rabies vaccine (Intramuscular)	\$	400.00
90680	Rotateq Vaccine	\$	125.00
90685	Flu Vaccine/Pres Free/Age 6-35 mos. (syringe)	\$	35.00
90686	Flu Vaccine/Pres Free/Age 3+ yrs. (syringe)	\$	35.00
90688	Flu Vaccine/Regular/Age 3+ yrs. (multi-dose vial)	\$	35.00
90691	Typhoid Injectable	\$	125.00
90696	Kenrix/Quadracel (Dtap,IPV)	\$	140.00
90697	Vaxelis (Dtap,IPV, HIB, Hep B)	\$	160.00
90698	Pentacel (Dtap, IPV,Hib)	\$	125.00
90700	DTap	\$	40.00
90702	DT (State)		N/C
90707	MMR virus vaccine SC/jet	\$	100.00
90710	ProQuad (MMR/Varicella)	\$	275.00
90713	Poliomyelitis vaccine SC	\$	100.00
90714	Td	\$	45.00
90715	Tdap (Tetanus, diphtheria, pertussis) vaccine)	\$	55.00
90716	Chicken Pox (Varicella)	\$	175.00
90717	Yellow Fever	\$	200.00
90723	Pediarix (Dtap, Hep B, IPV)	\$	100.00
90732	Pneumococcal vaccine	\$	130.00
90734	Menactra Vaccine	\$	150.00
90738	Japanese Encephalitis	\$	350.00
90736	Zostavax	\$	275.00
90744	Hep B/Pediatric (Age < 11 yrs)	\$	40.00
90745	Hep B/Pediatric High Risk (Age 11-18)		N/C
90746	Hep B/Age 19+	\$	75.00
90739	Heplisav-B/Age 18+	\$	155.00

90750	Shingrix (Shingles)	\$	200.00
91300	Pfizer COVID-19 Vaccine (12 yrs & older)		N/C
91305	Pfizer COVID-19 Vaccine (Pre-Diluted 12 yrs & older)		N/C
91307	Pfizer COVID-19 Vaccine , pediatric (5 yrs through 11 yrs)		N/C
91308	Pfizer COVID-19 Vaccine , pediatric (6 mos through 4 yrs)		N/C
91312	Pfizer COVID-19 Vaccine, Bivalent (12 yrs & older)		N/C
91315	Pfizer COVID-19 Vaccine, Bivalent (5 yrs through 11yrs)		N/C
91317	Pfizer COVID-19 Vaccine, Bivalent (6 mos through 4 yrs)		N/C
91301	Moderna COVID-19 Vaccine (12 yrs & older)		N/C
91306	Moderna COVID-19 Vaccine Low Dose (18 yrs & Older)		N/C
91309	Moderna COVID-19 (6 yrs through 11 or 18 yrs and older)		N/C
91311	Moderna COVID-19 Vaccine, Pediatric (6 mos through 5 yrs)		N/C
91313	Moderna COVID-19 Vaccine Bivalent (12 yrs & older)		N/C
91314	Moderna COVID-19 Vaccine, Bivalent (6 yrs through 11yrs)		N/C
91316	Moderna COVID-19 Vaccine, Bivalent (6 mos through 5 yrs)		N/C
91303	Janssen COVID-19 (18 yrs & older)		N/C
90611	Jynneos M Pox Vaccine		N/C
<b>IN-HOUSE LAB CODES</b>			
36415	Venipuncture	\$	14.00
36416	Fingerstick	\$	14.00
81001	Urinalysis, auto, w/microscopic	\$	12.00
81003	Urinalysis, auto, without microscopic	\$	8.00
81025	Urine Pregnancy Test	\$	11.00
82120	Amines- Wet Mount	\$	10.00
82948	Glucose, quantitative,blood, reagent strip	\$	20.00
83036	Hemoglobin A1C (Famly Planning clients only)	\$	20.00
83655	Blood Lead (Child Health Visits) - non-WIC patients	\$	20.00
83655	Blood Lead - WIC clients without Medicaid - Report Only		N/C
83655	Blood Lead (Medicaid or Insurance/Medicaid) WIC clients only	\$	20.00
85018	Hemoglobin	\$	10.00
86592	Syphilis antibody, qualitative, RPR	\$	18.00
86593	Syphilis antibody, quantitative	\$	15.00
87081	Culture, GC, screening only (FP)	\$	20.00
87210	Wet Smear	\$	15.00
87205	Gram Stain	\$	15.00
87426	SARS-CoV-2 Antigen		N/C
0353U	Chlamydia/Gonorrhea, PCR		N/C
0352U	MVP assay (Multiplex Vaginal Panel)	\$	165.00
<b>STATE LAB CODES</b>			
83020 90	Hemoglobin Electrophoresis		N/C
83655	Blood Lead (Child Health Visits) - non-WIC patients		N/C
83655	Blood Lead - WIC clients without Medicaid - Report Only		N/C
83655	Blood Lead (Medicaid or Insurance/Medicaid) WIC clients only		N/C
84030 90	Newborn Screening		N/C
86618 90	Lyme Disease Antibody		N/C
86666 90	Ehrlichia Antibody		N/C
86703 90	HIV 1 & HIV 2		N/C
86709 90	HEP A IGM (Antibody)		N/C
86757 90	Rickettsia Antibody (Rocky Mt Spotted Fever)		N/C
86781 90	Treponema pallidum confirm, serum		N/C
87116 90	TB Culture		N/C
87118 90	Mycobacteria identification		N/C
87177 90	Ova & Parasites Smears		N/C
87206 90	TB Smear		N/C



87252 90	Herpes Culture	N/C
87265 90	Bordetella pertussis	N/C
87340 90	HEP B Surface ag,E/A	N/C
87491 90	Chlamydia, NAAT (State Lab) - Reportable Only	N/C
87591 90	Gonorrhea, NAAT (State Lab) - Reportable Only	N/C
87521 90	Hepatitis C, NAAT – RNA Reflex	N/C
87635 90	Infections agent detection by nucleic acid (DNA or RNA); SARS-CoV-2, amplified probe technique	N/C
87636 90	COVID-19 + Flu	N/C
87593 90	Infectious agent detection by nucleic acid (DNA or RNA); orthopox (monkey pox)	N/C
<b>REFERRED LAB CODES - PRIVATE LAB</b>		
80048 90	Basic Metabolic Panel	\$ 15.00
80051 90	Electrolite Panel	\$ 15.00
80053 90	Comp Metabolic Panel	\$ 15.00
80061 90	Lipid Panel	\$ 25.00
80069 90	Renal Panel	\$ 20.00
80076 90	Hepatic Panel	\$ 15.00
82040 90	Albumin	\$ 15.00
82150 90	Amylase	\$ 15.00
82247 90	Billirubin, Total	\$ 15.00
82248 90	Billirubin, Direct	\$ 15.00
82465 90	Cholesterol	\$ 15.00
82550 90	CK (Creatinine kinase – CK or CPK	\$ 20.00
82565 90	Creatinine	\$ 15.00
82728 90	Ferritin	\$ 25.00
82746 90	Folic Acid	\$ 25.00
82947 90	Glucose, quantitative	\$ 15.00
83036 90	Hemoglobin A1C	\$ 20.00
83540 90	Iron	\$ 15.00
83550 90	TIBC (Iron Binding Cap)	\$ 15.00
83615 90	LDH (Lactate dehydrogenase enzyme)	\$ 15.00
83718 90	HDL (High density lipoprotein)	\$ 15.00
84075 90	Alkaline Phosphate	\$ 15.00
84132 90	Potassium	\$ 15.00
84152 90	PSA	\$ 35.00
84175 90	Protein, Total	\$ 15.00
84439 90	T4, Free	\$ 20.00
84443 90	TSH	\$ 30.00
84450 90	AST/SGOT	\$ 15.00
84460 90	ALT/SGPT	\$ 15.00
84478 90	Triglycerides	\$ 15.00
84481 90	T3, Free	\$ 25.00
84520 90	BUN	\$ 15.00
85007 90	CBC with manual Diff-TB Patients Only	N/C
85025 90	CBC with Diff	\$ 15.00
85027 90	CBC without Diff	\$ 13.00
85651 90	SED Rate, ESR	\$ 15.00
85660 90	Hbg Solubility (Sickle Cell Screen)	\$ 30.00
86480 90	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response (Interferon Gold TB Blood Test)	\$ 60.00
86694 90	Herpes Antibody (Patient Request)	\$ 40.00
86787 90	Varicella Titer/Employee Only-No Charge	N/C
86803 90	Hepatitis C Antibody	\$ 25.00
87070 90	Culture, nose/throat,wound	\$ 15.00

87086 90	Urine Culture	\$ 15.00
87491 90	Chlamydia NAA	N/C
87591 90	Gonorrhea, NAA	N/C
87593 90	Infectious agent detection by nucleic acid (DNA or RNA); orthopox (monkey pox)	N/C
87624 90	HPV Reflex/Co-test	\$ 50.00
88141 90	MP Interpretation – Pathologist	\$ 25.00
88175 90	Pap Smear	\$ 40.00
99000	Handling Fee (One per visit)	\$ 18.00
<b>NUTRITION COUNSELING/DIABETES SELF-MANAGEMENT CODES</b>		
97802	Initial Assessment Med Nutrition Therapy (per 15 min)	\$ 35.00
97803	Re-Assessment Med Nutrition Therapy (per 15 min)	\$ 30.00
97804	Medical Nutrition Therapy, Group, per 30 min	\$ 20.00
G0108	Diabetes Self-management, Individual, per 30 min	\$ 55.00
G0109	Diabetes Self-management, Group, per 30 min	\$ 25.00
G0270	Additional Medical Nutrition Therapy, Phys Order, per 15 min	\$ 35.00
G0271	Additional Medical Nutrition Therapy, Group, Phys Order, per 30 min	\$ 20.00
S9465	Diabetes Self-management, Registered Dietitian Visit, No Time/Unit	\$ 40.00
S9470	Nutrition Counseling, RD Visit, No time/Unit	\$ 40.00
<b>WALK-IN PREGNANCY TESTING</b>		
99211	Est Pt Level I – Minimal (Flat Fee) add test code	\$ 40.00
81025	Urine Pregnancy Test (Flat Fee)	\$ 11.00
<b>MISCELLANEOUS</b>		
	Returned Check Fee (Collected by Finance)	\$ 25.00
99071	Provision of Patient Supplies & Education	N/C
<b>WOMEN'S PREVENTIVE HEALTH SUPPLEMENTAL SUPPLIES</b>		
LU401	Miconazole/Generic Formulary – (\$8.00 per tube)	\$ 8.00
LU401	Fluconazole/Generic Formulary - 150 mg (\$2.00 per pill)	\$ 2.00
LU401	Replacement Diaphragm (\$10.00 each)	\$ 10.00
LU401	Delfen Foam or Generic Formulary (per tube/bottle)	\$ 12.00
LU401	Fluconazole or Generic Formulary 150 mg (per pill)	\$ 2.00
LU401	Prenatal Vitamins or Generic Formulary (each)	N/C
LU401	Plan B – Emergency Contraception	\$ 10.00
<b>MOBILE DENTAL UNIT CODES</b>		
D0120	Periodic oral evaluation	\$ 33.00
D0140	Limited oral evaluation - problem focused	\$ 45.00
D0150	Comprehensive oral evaluation - new/established patient	\$ 54.00
D0160	Detailed/extensive oral evaluation - problem focused, by report	\$ 80.00
D0170	Re-evaluation-limited; problem focused (established patient; not post-operative)	\$ 45.00
D0210	Intraoral - complete series (including bitewings)	\$ 82.71
D0220	Intraoral - periapical first film	\$ 21.00
D0230	Intraoral - periapical each additional film	\$ 18.00
D0240	Intraoral - occlusal film	\$ 22.00
D0270	Bitewing - single film	\$ 17.00
D0272	Bitewings - two films	\$ 25.00
D0273	Bitewings - three films	\$ 33.00
D0274	Bitewings - four films	\$ 40.00
D0330	Panoramic film	\$ 70.00
D0470	Diagnostic casts	\$ 52.00
D1110	Prophylaxis - adult (HC 14+)	\$ 47.00
D1120	Prophyaxis - child	\$ 35.00
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$ 30.00
D1208	Topical application of fluoride	\$ 22.00
D1351	Sealant - per tooth	\$ 36.00



D1354	Interim caries arresting medicament application-per tooth	\$16.00
D1510	Space maintainer - fixed - unilateral	\$ 228.86
D1575	Distal shoe maintainer-fixed-unilateral-per quadrant	\$ 220.00
D1553	Re-cement or re-bond unilateral space maintainer-per quadrant	N/C
D1556	Removal of fixed unilateral space maintainer-per quadrant	N/C
D1557	Removal of fixed bilateral space maintainer-maxillary	N/C
D1558	Removal of fixed bilateral space maintainer-mandibular	N/C
D2140	Amalgam 1 surface - primary or permanent	\$ 90.00
D2150	Amalgam 2 surfaces - primary or permanent	\$ 104.00
D2160	Amalgam 3 surfaces - primary or permanent	\$ 120.00
D2161	Amalgam four or more surfaces - primary or permanent	\$ 150.00
D2330	Resin-based composite - one surface, anterior	\$ 77.00
D2331	Resin-based composite - two surfaces, anterior	\$ 94.00
D2332	Resin-based composite - three surfaces, anterior	\$ 110.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle	\$ 139.00
D2391	Resin-based composite - one surface, posterior	\$ 85.12
D2392	Resin-based composite - two surfaces, posterior	\$ 127.68
D2393	Resin-based composite - three surfaces, posterior	\$ 164.67
D2394	Resin-based composite - four or more surfaces, posterior	\$ 201.41
D2930	Prefabricated stainless steel crown - primary tooth	\$ 164.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$ 176.00
D2932	Prefabricated resin crown	\$ 191.00
D2940	Sedative filling	\$ 45.82
D2950	Core buildup, including any pins	\$ 113.19
D2951	Pin retention - per tooth, in addition to restoration	\$ 27.49
D2970	Temporary crown, fractured tooth	\$ 146.07
D3220	Therapeutic pulpotomy (excluding final restoration)	\$ 94.00
D3221	Pulpal Debridement	\$ 210.00
D3310	Root canal therapy - anterior (excluding final restoration)	\$ 318.00
D3320	Root canal therapy - bicuspid (excluding final restoration)	\$ 375.00
D3330	Root canal therapy - molar (excluding final restoration)	\$ 460.00
D4341	Periodontal scaling/root planing - four or more contiguous teeth per quad	\$ 115.00
D4355	Full mouth debridement to enable comprehensive evaluation and dx	\$ 77.62
D7111	Extraction, coronal remnants - deciduous tooth	\$ 62.00
D7140	Extraction, erupted tooth or exposed root	\$ 75.00
D7210	Surgical removal of erupted tooth	\$ 125.00
D7220	Removal of impacted tooth, soft tissue	\$ 142.00
D7230	Removal of impacted tooth, partially bony	\$ 187.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$ 136.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed/displaced	\$ 238.00
D7280	Surgical access of an unerupted tooth	\$ 214.00
D7286	Biopsy of oral tissue - soft (all others)	\$ 124.63
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$ 200.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$ 167.88
D9110	Palliative (ER) treatment of dental pain - minor procedure	\$ 49.05
D9215	Local anesthesia	N/C
D9220	Deep sedation/general anesthesia - first 30 minutes	\$ 155.77
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$ 49.50
D9630	Other drugs and/or medicaments, by report	\$ 17.51

## Environmental Health Fee Schedule

Effective 07-01-23

DESCRIPTION	FEE	ADD-ON FEES/COMMENTS
<b>Septic Systems</b>		
Septic Improvement Permit	\$ 400.00	
Septic System Construction Authorization (Type I, II, III(a), III(g))	\$ 200.00	
Septic System Construction Authorization (Type III(b), IV, V, VI)	\$ 832.00	First 1500 gal/day + \$100 each additional 1500 gal/day + \$100 x # of inspections / 20 years
Septic System Permit Revision	\$ 250.00	
Septic System Repair Permit	\$ 50.00	
Existing System Inspection (Reuse Purpose/Addition)	\$ 200.00	
Monitoring Soil Wetness/Wells	\$ 300.00	Per Season = January 1st-April 30th
Re-inspection for lot not ready	\$ 70.00	Each additional site visit
Engineer Option Permit (GS 130A-336.1(n))	30% - see comment	Based on sewage system design/capacity (Type I, II, III, IV, V or VI) Fee is 30% of Improvement Permit + Construction Authorization + Operation Permit Fees
Authorized On-Site Wastewater Evaluator (AOWE) Permit Option	30% - see comment	Based on sewage system design/capacity (Type I, II, III, IV, V or VI) Fee is 30% of Improvement Permit + Construction Authorization + Operation Permit Fees
<b>Wells</b>		
Well Permit (including site evaluation & bacteriological water samples analysis)	\$ 350.00	
Water Sample - Bacteriological	\$ 140.00	
Water Sample - Bacteriological - resample	\$ 70.00	
Water Sample - Chemical	\$ 140.00	
Re-inspection after failed inspection at initial visit	\$ 70.00	Each additional site visit
<b>Food</b>		
Food Service Plan Review:		
Prototype Restaurants & Food Stands		NCDHHS - EH Section Approval Letter
Non-prototype/Independent Restaurants, Food Stands & Mobile Food Units	\$ 250.00	
Renovations/Changes	\$ 250.00	Changes in dimension of food preparation area, seating capacity or addition of room
<b>Transitional Permits</b>		
Limited Food Service Establishment - Annual Fee	\$ 75.00	
Temporary Food Establishment Permit	\$ 75.00	
<b>Pools</b>		
Seasonal Swimming Pool - Operation permit	\$ 200.00	Seasonal (April 1st - October 31)
Year Round Swimming Pool - Operation permit	\$ 400.00	
Swimming Pool - Plan Review - (new and existing remodel construction)	\$ 250.00	
Swimming Pool - Plan Review - (new and existing remodel construction) secondary and each resubmittal of rejected plans	\$ 250.00	
Re-inspection after failed inspection at initial visit	\$ 100.00	
Pool Light checks - night inspection	\$ 100.00	
Chemical checks for Spas - Expos	\$ 75.00	per spa with water
<b>Tattoos and Body Piercers</b>		
New Establishment Plan Review Tattoo or Body Piercier Shop	\$ 200.00	
Temporary Tattoo Artist and/or Body Piercing Permit	\$ 150.00	Permit to operate 2 weeks or less

# SHERIFF'S OFFICE ANIMAL SERVICES UNIT

## ANIMAL SERVICES UNIT FEES

<u>Cats/Dogs/Ferrets</u>		<u>Spayed/Neutered</u>	<u>Unaltered</u>
Cats/dogs/ferrets under 1 year of age	1 year registration	\$10.00	\$ 10.00
Cats/dogs/ferrets 1 year of age or older	1 year registration	\$10.00	\$ 20.00
Cats/dogs 1 year of age or older	3 year registration	\$25.00	\$ 50.00

Any owner of a handicap helper dog, which is used for seeing or hearing purposes and can show proof of spay/neuter, shall receive a license free of charge.

### SPECIALTY REGISTRATIONS

<u># of Cats/Dogs/Ferrets</u>	<u>Registration Fee</u>
05 – 10	\$ 45.00
11 – 20	\$ 70.00
21 – Over	\$100.00

**Types of Specialty Pet Licenses (Fees above apply to each type):**

#### **1. MULTIPLE PET REGISTRATION**

Any combination of dogs, cats and ferrets  
All must be neutered or spayed.  
Good for one year (renewable on date of purchase)

#### **2. SHOW BREEDER REGISTRATION**

Either dogs or cats (may not be combined).  
Do not have to be neutered or spayed.  
Good for one year (renewable on date of purchase).  
Kennel must participate in three AKC or UKC sanctioned events per year (proof to be shown) or equivalent for cats, or six in three years.

#### **3. HUNTING DOG REGISTRATION**

Dogs only  
Do not have to be spayed or neutered  
Good for one year (renewable on date of purchase)  
Kennel must participate in three lawful or sanctioned events per year (proof when possible).  
Proof of N.C. hunting license

**No refund due to death or loss of ownership.**

## SHELTER

\$10.00 per day  
\$15.00 per day bite animals/dangerous dogs

## ADOPTION

Cats/Dogs	\$60.00
Other - Large	\$25.00
- Small	\$ 3.00

## REDEMPTION

All Animals	Owner's Offense	
	1st	\$ 20.00
	2nd	\$ 60.00
	3rd	\$100.00
	4th	\$150.00
	5th or more	\$250.00

## MISCELLANEOUS FEES

Euthanasia Fee	\$ 20.00
Breeder Permit	\$ 20.00
Owned Animal Pick-up	\$ 20.00
Collars/Leashes	\$ 5.00

## ADOPTION REFUND POLICY

Refunds for adoptions may be granted if the following conditions are met:

1. The adopted animal is returned.
2. The adopted animal is examined by a veterinarian within five working days from the adoption date and a health problem is noted.
3. The adoptee produces either a handwritten note or a computer generated report from the veterinarian stating the findings and date examined.

The amount of refund will be the total of adoption fee and county license fee, if purchased and returned. **The adoptee is responsible for any charges by the veterinarian.**

## CIVIL CITATIONS\*

<u>Section/Description</u>		
5-1 (d)	Interference with any Duly Appointed Agent	\$150.00
5-5	(A) County License Fee	\$100.00
	(B) Rabies Vaccination	\$200.00
5-6	Keeping Stray Animals	\$25.00
5-7	Rabies Vaccination and Control	\$500.00
5-8	Wearing of Collar, Tags, & Identification	\$15.00
5-9, 5-4 (d)	Dogs/Cats/Ferrets Running-at-Large*, Leash Requirement*	
	First Violation	\$25.00
	Second Violation	\$75.00
	Three or More Violations	\$500.00
	Unprovoked Dog Bite/Running Loose	\$500.00
5-10	Vicious Animals	\$500.00
5-11	Barking Dogs	
	First Violation	\$50.00
	Second Violation	\$100.00
	Three or More Violations	\$250.00
5-12	Teasing and Molesting	\$100.00
5-13	Injuring Animals, Notice Required	\$100.00
5-14	Health and Welfare	\$300.00
5-15	Manner of Keeping & Treating Animals	\$300.00
5-16 (d)	Sterilization of Cats & Dogs	\$250.00
5-16 (i)	Animals imp./Judicial process/Admin. seizure	\$500.00
5-19	Interference with Trap or Cage	\$100.00
5-23	Collection of Cats and Dogs for Resale	\$500.00
5-25	Dogs prohibited at Mason Inlet*	
	First Violation	\$ 25.00
	Second Violation	\$ 50.00
	Three or More Violations	\$ 75.00
5-26	Dogs Running-at-Large at Mason Inlet* (Same violation fees for Section 5-9, see above)	
5-27	Proof of Sterilization/Animals Adopted in New Hanover County	\$500.00
5-28 to 29	Permit for Kennels	\$500.00
5-30	Restraint (Dog Tied Out)	\$250.00
5-31	Outside Enclosure	\$250.00
5-32	Public Nuisance	
	First Violation	\$50.00
	Second Violation	\$100.00
	Three or More Violations	\$200.00
5-33	Responsible Breeder's Permit	\$250.00
5-61 to 65	Dangerous Dogs/Potentially Dangerous Dog Violations	\$500.00
5-66	Responsible Breeding Permit	\$250.00

\*The owner of an animal shall be subject to escalating fees. The fees are directed toward and against the owner. The purpose of the fee is to affect the conduct of the owner by seeking to have an owner responsibly maintain a sufficient restraint and confinement of their animal.