

RESOLUTION NO. C-

A RESOLUTION OF THE CITY COUNCIL  
OF THE CITY OF LONG BEACH  
ESTABLISHING FEES FOR HEALTH  
SERVICES

WHEREAS, prior to adoption of this Resolution revising the schedule of fees, public notice and hearing have been given in accordance with Section 66018 of the California Government Code;

NOW, THEREFORE, the City Council of the City of Long Beach resolves as follows:

Section 1. That the City Council of the City of Long Beach hereby establishes the fees set forth on Exhibit "A," attached hereto and incorporated herein by this reference, for the respective services rendered by the Long Beach Department of Health and Human Services. It is the intent of the City Council that the establishment of these fees shall not operate to deny services to individuals seeking treatment for mandated public health services provided by the Long Beach Department of Health and Human Services.

Sec. 2. The City Health Officer or designee is hereby authorized to waive any fees established in this Resolution where a threat to public health exists.

Sec. 3. Resolution No. C-28253 adopted by the City Council of the City of Long Beach at its meeting on September 16, 2003 is hereby rescinded.

Sec. 4. This Resolution shall take effect immediately upon its adoption by the City Council.

I hereby certify that the foregoing Resolution was adopted by the City Council

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Telephone (562) 570-2200

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of the City of Long Beach at its meeting on \_\_\_\_\_, 2004 by the following vote:

Ayes: Councilmembers: \_\_\_\_\_

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Noes: Councilmembers: \_\_\_\_\_

\_\_\_\_\_

Absent: Councilmembers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
City Clerk

**USER FEES BY PROGRAM  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CURRENT CHARGES FOR FY 2004-05**

- I. All third party billings for medical services will be consistent with provisions contained in the 1969, 1974, or latest Revision of the California Relative Value Studies; and/or California Worker's Compensation Official Medical Fee Schedule, 1982 or latest revision thereof; and/or any other fee reimbursement format authorized by the State of California, Department of Health Services.

NOTE:

1. Any categories of service not listed above will be charged at a rate not to exceed actual costs.
2. The City Health Officer may waive any fees where he/she determines a threat to the public health exists.
3. The Department Director may increase or decrease public health vaccine fees to respond to pricing changes.

II. REHABILITATION SERVICES

- A. Alcohol and Drug Services Fees charged will be based upon a sliding scale/ability to pay as approved by the funding and/or authorizing agency.
- B. Rehabilitation and Support Services Fees charged will not exceed the current market value for similar or like services.
- C. Drinking Driver Fees charged are according to an ability to pay but no more than the current State of California, Department of Alcohol and Drug Abuse maximum allowable fee.

III. CHILD HEALTH DISABILITY PREVENTION PROGRAM

Fees charged to the State are in accordance with the California C.H.D.P. fee schedule. Schedule maintained in CHDP clinic.

IV. VITAL STATISTICS

Fees charged are in accordance with the Vital Statistics fee schedule as established by the Department of Health Services, Office of the State Registrar of Vital Statistics.

**CITY OF LONG BEACH  
HEALTH DEPARTMENT: FEE SCHEDULE**

Code	Classification	Fee Description	FEE FY 04-05
<b>ENVIRONMENTAL HEALTH - PERMITS AND INSPECTIONS</b>			
*All Environmental Health Fees are "Annual Fees" unless otherwise noted			
<b>HOUSING FEES</b>			
<b>Multiple Dwelling Units</b>			
020-H	4-10 Housing Units	per parcel	146.00
022-H	11-20 Housing Units	per parcel	154.00
024-H	21 or more Housing Units	per parcel	162.00
040-O	Rooming House (5 or less rooms)		96.00
050-0	Boarding School		454.00
<b>Bed and Breakfast</b>			
060-O	1-5 rooms		106.00
061-O	6-20 rooms		286.00
<b>Hotels</b>			
071-O	6-10 rooms		249.00
072-O	11-50 rooms		404.00
073-O	51 rooms or over		1,090.00
<b>Motels</b>			
091-O	6-10 rooms		249.00
092-O	11-50 rooms		404.00
093-O	51 rooms or over		1,090.00
<b>Miscellaneous Housing Fees</b>			
HREI	Reinspection Fee	each	110.00
E080	Late Payment Penalty		25% of orig. fee
E060	Copy of Official Record	Page	0.10
<b>FOOD FEES</b>			
<b>Restaurant / Bar / Tavern / School Kitchen / Caterer</b>			
360-F	0-10 Seats		466.00
361-F	11-30 Seats		596.00
362-F	31-60 Seats		688.00
363-F	61-100 Seats		769.00
364-F	101-150 Seats		977.00
365-F	151-200 Seats		993.00
366-F	201-400 Seats		1,089.00
367-F	401 and over		1,239.00
380-F	Bar/Tavern - Limited Food Preparation 0-10 Seats		424.00
381-F	Bar/Tavern - Limited Food Preparation 11-30 Seats		542.00
382-F	Bar/Tavern - Limited Food Preparation 31-60 Seats		625.00
383-F	Bar/Tavern - Limited Food Preparation 61-100 Seats		699.00
384-F	Bar/Tavern - Limited Food Preparation 101-150 Seats		888.00
385-F	Bar/Tavern - Limited Food Preparation 151-200 Seats		903.00
386-F	Bar/Tavern - Limited Food Preparation 201-400 Seats		990.00
387-F	Bar/Tavern - Limited Food Preparation 401+ Seats		1,126.00
400-F	School Cafeteria Kitchen		Exempt
410-F	School Satellite / Kiosk Food Facility		Exempt
415-F	Satellite / Kiosk Food Facility Pre Packaged Food		160.00
417-F	Satellite / Kiosk Food Facility Unpackaged Food		297.00
450-F	Caterer		726.00

**CITY OF LONG BEACH  
HEALTH DEPARTMENT: FEE SCHEDULE**

Code	Classification	Fee Description	FEE FY 04-05
<b>Food Market Retail</b>			
200-F	Food Market 10-50 square feet - Pre Packaged Food		197.00
201-F	Food Market 10-50 square feet - Food Preparation		217.00
210-F	Food Market 51-1999 square feet - Pre Packaged Food		466.00
211-F	Food Market 51-1999 square feet - Food Preparation		513.00
220-F	Food Market 2000-5999 square feet - Pre Packaged Food		597.00
221-F	Food Market 2000-5999 square feet - Food Preparation		657.00
230-F	Food Market 6000 or over square feet - Pre Packaged Food		878.00
231-F	Food Market 6000 or over square feet - Food Preparation		966.00
<b>Food Market Wholesale</b>			
250-F	Food Market Wholesale 1-1,999 sq ft		466.00
251-F	Food Market Wholesale 2,000-5,999 sq ft		513.00
252-F	Food Market Wholesale 6,000+ sq ft		564.00
260-F	Produce Market Wholesale 1-999 sq ft		466.00
261-F	Produce Market Wholesale 1000-1999 sq ft		513.00
262-F	Produce Market Wholesale 2000+ sq ft		564.00
<b>Food Service Carts</b>			
240-F	Food Service Cart Without Plumbing		256.00
241-F	Food Service Cart With Plumbing		451.00
<b>Vehicles</b>			
300-F	Food Retail / No Preparation		252.00
305-F	Mobile Food Preparation		585.00
302-O	Food Wholesale Vehicle		84.00
321-O	Offal Collection Co.		80.00
E100	Food Vehicle Permit Transfer		45.00
<b>Food Warehouse / Commissary</b>			
320-O	Food Warehouse		410.00
322-O	Commissary		726.00
<b>Retail Food Processor</b>			
274-F	Retail Food Processor 1-1999 square feet		799.00
275-F	Retail Food Processor 2000-5999 square feet		1,376.00
276-F	Retail Food Processor 6000 or over square feet		2,070.00
<b>Wholesale Food Processor</b>			
271-O	Wholesale Food Processor 1-1999 square feet		799.00
272-O	Wholesale Food Processor 2000-5999 square feet		1,376.00
273-O	Wholesale Food Processor 6000 or over square feet		2,070.00
<b>Food Salvager</b>			
280-O	Food Salvager		1,463.00
<b>Temporary / Special Events</b>			
795-F	Temporary Food Stand - Pre-Packaged Food	each stand	61.00
796-F	Temporary Food Stand - Un-Packaged Food	each stand	67.00
798-F	Temporary Food Stand - Sampling Only	each stand	50.00
799-F	Temporary Food Stand - Seasonal	seasonal	Applic. Fee + 50% fee ea. Add'l permit
800-F	Community Event Organizer	each event	90.00
805-F	Temporary Food Stand Field Licensing Charge	each stand	25.00 + applic. Fee

**CITY OF LONG BEACH  
HEALTH DEPARTMENT: FEE SCHEDULE**

Code	Classification	Fee Description	FEE FY 04-05
<b>Miscellaneous Food Fees</b>			
550-O	Vending Machines - Non-PH Food	each	50.00
551-O	Vending Machines - PH Food	each	55.00
700-F	Seasonal		varies
810-F	Personal Hawker / Peddler		varies
220-F	Food Demonstrator		136.00
HREI	Reinspection Fee	each	110.00
E080	Late Payment Penalty		25% of orig. fee
E090	Add a Partner		30.00
E060	Copy of Official Record	Page	0.10
<b>General Sanitation Fees</b>			
851-M	Massage Parlor		63.00
852-M	Health Parlor		63.00
890-M	Blood Pressure Machine	each	72.00
120-O	Children's Camp		326.00
201-O	Animal Keeper		172.00
<b>Laundry</b>			
412-O	Laundromat less than 4000 square feet		114.00
413-O	Laundromat 4000 or more square feet		246.00
<b>VECTOR CONTROL FEES</b>			
100-V	Pigeon Keeper		36.00
200-V	Private Stable		73.00
300-V	Vector Control Demolition Oversight	per demolition	70.00
310-V	Vector Control Response	time & materials	at cost
<b>WATER FEES</b>			
400-O	Swimming Pool / Spa (Public)		177.00
880-M	Backflow Prevention Device	each	9.00
E010	Water Distribution Line Clearance		189.00
303-O	Sewage Cleaning Vehicles		153.00
480-O	Toilet Rental Agency		309.00
830-M	Private Waste Collector		255.00
HREI	Reinspection Fee	each	110.00
<b>Recycled Water Systems</b>			
E012	Annual Recycled Water Inspection	time & materials	at cost
E014	4 Year Recycled Water Shut-Down Test	time & materials	at cost

**CITY OF LONG BEACH  
HEALTH DEPARTMENT: FEE SCHEDULE**

Code	Classification	Fee Description	FEE FY 04-05
<b>HAZARDOUS MATERIALS FEES</b>			
<b>Medical Waste Generators</b>			
E397	Small Quantity Generator with Onsite Treatment		111.00
110-I	Small Quantity Generator (Less than 200 lbs/month)		28.00
111-I	Limited Quantity Hauling Exemption	Annual Fee (1-4 names)	28.00
111-J	Limited Quantity Hauling Exemption	Ea. Add'l Name	5.00 each not to exceed \$50.25
112-I	Common Storage Facility-Serving 2 to 10 generators		117.00
113-I	Common Storage Facility-Serving 11 to 49 generators		307.00
114-I	Common Storage Facility-Serving 50 or more generators		613.00
115-I	Transfer Station-Large Quantity Generator (200 or more lbs/month)		613.00
116-I	Acute Care Hospitals - 1 to 99 beds		735.00
117-I	Acute Care Hospitals - 100 to 199 beds		1,053.00
118-I	Acute Care Hospitals - 200-250 beds		1,348.00
119-I	Acute Care Hospitals - 251 or more beds		1,714.00
120-I	Specialty Clinic (surgical, dialysis, etc.)		429.00
121-I	Skilled Nursing Facility - 1 to 99 beds		337.00
122-I	Skilled Nursing Facility - 100 to 199 beds		429.00
123-I	Skilled Nursing Facility - 200 or more beds		490.00
124-I	Acute Psychiatric Hospital		244.00
125-I	Intermediate Care		367.00
126-I	Primary Care		429.00
127-I	Clinical Laboratory		244.00
128-I	Health Care Service Plan Facility		429.00
129-I	Veterinary Clinic or Hospital		244.00
130-I	Medical/Dental/Veterinary Offices (200 lbs or more / month)		244.00
131-I	Nurse-Occupational Care on Job Site - Less than 200 lbs/mo.	Bi-annual	122.00
132-I	Nurse-Occupational Care on Job Site - 200 lbs or more / mo.		367.00
140-N	Medical Waste Permit - Each Autoclave (large generator)	5 year permit	12,247.00
141-N	Medical Waste Permit - Each Incinerator (large generator)	5 year permit	18,371.00
142-N	Medical Waste Permit - Other approved treatment technology (large generator)	5 year permit	18,371.00
870-M	Tattoo Parlor		59.00
<b>Garment Manufacturing Fees</b>			
900-P	Garment Manufacturing		213.00
<b>Noise Fees</b>			
E020	Noise Variance		150.00
E030	Noise Control Business License Inspection		103.00
E140	Noise Complaint Investigation and Response	Time & Materials	Cost
<b>Emergency Response Fees</b>			
E040	Hazardous Waste Emergency Response Clean-up	Time & Materials	Cost
E050	Hazardous Waste Spill Clean-up	Time & Materials	Cost
E060	Non-Hazardous Waste Spill Clean-up	Time & Materials	Cost
E110	Hazardous Waste Site Mitigation	Time & Materials	Cost
E120	Hazardous Waste Response	Time & Materials	Cost
E150	Occupational Health Response	Time & Materials	Cost
<b>Miscellaneous Hazardous Materials Fees</b>			
E180	Hazardous Materials Education Fee		6.00
E200	Copy of Official Record	Page	0.10

**CITY OF LONG BEACH  
HEALTH DEPARTMENT: FEE SCHEDULE**

Code	Classification	Fee Description	FEE FY 04-05
<b>LONG BEACH CUPA FEES</b>			
JC140	Small Quantity Specified Waste		144.00
JC150	Hazardous Waste Producer 0-4 employees		301.00
JC160	Hazardous Waste Producer 5-19 employees		506.00
JC170	Hazardous Waste Producer 20-100 employees		837.00
JC180	Hazardous Waste Producer 101-500 employees		1,394.00
JC190	Hazardous Waste Producer 501 or more employees		1,854.00
JC200	X-ray Machine Silver Halide Generator		55.00
JC240	Reinspection Fee	each	110.00
JC250	Late Payment Penalty		25% of orig. fee
JC260	Permit by Rule		1,680.00
JC270	Conditional Authorization		1,680.00
JC280	Conditional Exemption	First Year	136.00
JC290		Annually Thereafter	68.00
JC300	UST Site Characterization	First Year	259.00
JC305	UST Site Remediation Oversight	Annually Thereafter	130.00
JC310	RMP Review, Program 1		1,487.00
JC315	RMP Review, Program 2/3		1,811.00
JC320	Each Additional Regulated Material		950.00
<b>PLAN CHECK FEES</b>			
<b>Restaurant / School Cafeteria / Satellite Facility / Kiosk</b>			
E300	0-60 seats	each plan	548.00
E301	61-200 seats	each plan	821.00
E302	201 or more seats	each plan	876.00
E310	Minor Remodel	each plan	1/2 of approp fee
<b>Food Market Retail</b>			
E190	10-50 square feet	each plan	228.00
E200	51-1999 square feet	each plan	330.00
E210	2000-5999 square feet	each plan	458.00
E220	6000 or over square feet	each plan	579.00
E230	Minor Remodel	each plan	1/2 of approp fee
<b>Food Processor</b>			
E250	1-1999 square feet	each plan	361.00
E251	2000-5999 square feet	each plan	579.00
E252	6000 or more square feet	each plan	844.00
E260	Minor Remodel	each plan	1/2 of approp fee
<b>Miscellaneous Food</b>			
E270	Food Warehouse / Commissary	each plan	263.00
E275	Caterer	each plan	498.00
E280	Food Salvager	each plan	336.00
E290	Food Vehicle	each plan	250.00
<b>Bed and Breakfast</b>			
E320	1-20 rooms		409.00
<b>Water Systems</b>			
E330	Swimming Pool / Spa	each plan	139.00
E331	Replaster / Remodel of Pool	each plan	117.00
E340	Sewage Disposal System	each plan	414.00
E345	Recycled Water	each plan	215.00
E350	Water Well Construction	each plan	211.00
E360	Monitoring Well	each plan	131.00
E370	Water Well Abandonment / Destruction or Conversion of Existing Well	each plan	220.00
E371	Soil Boring / Geoprobes / Push Probes	each plan	175.00
E372	Cathodic Wells	each plan	233.00
E380	Backflow Device	each plan	73.00
<b>MISCELLANEOUS FEES</b>			
HAOH	Administrative / Office Hearing Fees	per hour	100.00



**CITY OF LONG BEACH  
HEALTH DEPARTMENT: FEE SCHEDULE**

Code	Classification	Fee Description	FEE FY 04-05
<b>VI</b>	<b>LABORATORY</b>		
<b>LABORATORY</b>			
<b>Non-Diagnostic Testing Registration</b>			
L001	For on-site non-diagnostic health assessment, ie cholesterol, blood glucose, etc.		100.00
<b>Diagnostic Patient Testing</b>			
L002	Fees charges to all health care provider courses and direct payments are based on statewide public health laboratory survey		
<b>Environmental Testing</b>			
L010	Potable/Drinking Water, Standard, Colilert P/A		30.00
L020	Potable/Drinking Water, Line Clearance, Colilert P/A		30.00
L021	Potable/Drinking Water, Line Clearance, MF		30.00
L030	Non-Potable/Non-Recreational Water, Colilert P/A		30.00
L040	Non-Potable/Non-Recreational Water, Colilert 18 (Fecal & Total)		30.00
L041	Non-Potable/Recreational Water, Enterolert		30.00
L050	Potable/Non-Potable, MPN Index 10 tubes		25.00
L060	Potable/Non-Potable, MPN Index 15 tubes		30.00
L070	Dissolved Oxygen Test		15.00
L080	Lead Testing (24 hour turnaround)		20.00
L090	Lead Testing (2-4 day turnaround)		15.00
L100	Lead Testing (5-10 day turnaround)		10.00
<b>Clinical Chemistry</b>			
L110	Urinalysis Screen		7.00
L112	Albumin		5.00
L114	Calcium		5.00
L116	Carbon Dioxide		5.00
L118	Chloride		5.00
L120	Urinalysis Complete		10.00
L122	Lactate Dehydrogenase (LDH)		5.00
L124	Lipoprotein, High Density (HDL)		5.00
L126	Phosphatase, Alkaline		5.00
L128	Potassium		5.00
L130	Occult Blood		6.00
L132	Protein, Total		5.00
L134	Sodium		5.00
L136	Triglycerides		5.00
L140	Pregnancy Test		12.00
L142	Basic Metabolic Panel		15.00
L144	Comprehensive Metabolic Panel		20.00
L146	Lipid Panel		10.00
L150	Glucose, Post Glucola		7.00
L160	Glucose, Post Prandial		7.00
L170	Glucose, Fasting		5.00
L180	Glucose, Random		5.00
L190	Glucose Tolerance Test (3 specimens)		12.00
L192	Each Additional Specimen	Each	5.00
L200	Liver Panel Enzymes (ALT, AST, Bilirubin)		15.00
L202	Occupational Health Panel		25.00
L204	EIP Panel 1		150.00
L206	EIP Panel 2		30.00
L208	EIP Panel 3		50.00
L210	Blood Urea Nitrogen (BUN)		5.00
L220	Creatinine		5.00
L230	Cholesterol		5.00
L240	Alanine Aminotransferase (ALT/SGPT)		5.00
L250	Aspartate Aminotransferase (AST/SGPT)		5.00
L255	Transferase, Gamma-Glutamyl (GGT)		5.00

**CITY OF LONG BEACH  
HEALTH DEPARTMENT: FEE SCHEDULE**

<b>Code</b>	<b>Classification</b>	<b>Fee Description</b>	<b>FEE FY 04-05</b>
L260	Bilirubin, Total		5.00
L261	Bilirubin, Direct		5.00
L270	Uric Acid		5.00
L280	Blood Lead Test	Incl. Phlebotomy	17.80
<b>Hematology &amp; Immunohematology</b>			
L290	Hematocrit		5.00
L300	Hemoglobin		5.00
L310	Complete Blood Count (CBC)		10.00
L320	Prenatal Panel (ABO-Rh, Irregular Antibody, CBC)		20.00
L330	ABO-Rh		15.00
L340	Irregular Antibody Screen		12.00
L350	CD4, CD8 and Ratio		30.00
<b>Bacteriology</b>			
L360	Antimicrobial Susceptibility Tests		30.00
L370	Culture, Anaerobic Bacteria		20.00
L380	Culture, GC		20.00
L390	Culture, Salmonella, Shigella, Campylobacter, E. Coli		35.00
L400	Culture, Miscellaneous Enteric		20.00
L410	Culture, Miscellaneous Bacteriology		20.00
L420	Culture, Throat		20.00
L430	Culture, Urine		20.00
L440	Culture for Identification		35.00
L445	Culture, Diphtheria		20.00
L450	Culture, Food Poisoning		50.00
<b>Mycobacteriology &amp; Mycology</b>			
L460	Acid Fast Smear		15.00
L470	Acid Fast Culture		30.00
L475	Nucleic Acid Amplification		15.00
L480	Acid Fast Susceptibility	Per Drug	7.00
L490	Acid Fast Smear/Culture		30.00
L500	AFB Identification: by DNA Probe		30.00
L510	AFB Culture for Identification		35.00
L520	Fungal Culture		30.00
L530	Fungus, Direct Smear (Microscopic)		10.00
L540	Wet Mount		8.00
L542	HPLC Identification		30.00
<b>Parasitology</b>			
L550	Trichomonas Culture		12.00
L560	Blood Smear for Parasites		12.00
L570	Cryptosporidium & Giardia DFA		20.00
L580	Cryptosporidium by Acid Fast Smear		15.00
L590	Helminth/Arthropod ID		12.00
L600	Ova & Parasite Exam		35.00
L610	Pinworm Paddle		6.00

**CITY OF LONG BEACH  
HEALTH DEPARTMENT: FEE SCHEDULE**

Code	Classification	Fee Description	FEE FY 04-05
<b>Serology</b>			
L620	Darkfield		21.00
L630	Serodia TP-PA (Confirmatory test for Syphilis)		15.00
L640	RPR Qualitative		7.00
L650	RPR Quantitative		8.00
L660	VDRL, Spinal Fluid		7.00
<b>Virology</b>			
L670	Chlamydia Culture		20.00
L680	Chlamydia LCx		15.00
L690	Gonorrhea, LCD		50.00
L700	Hepatitis A, Total Antibody		15.00
L710	Hepatitis A, IgM		15.00
L720	Hepatitis B Panel		30.00
L730	Hepatitis B Core Total Antibody		15.00
L740	Hepatitis B Surface Antibody		15.00
L750	Hepatitis B Surface Antigen		15.00
L760	Hepatitis C Antibody		15.00
L770	Herpes Simplex Virus Culture & ID		36.00
L780	HIV-1 Antibody, Serum, ELISA		15.00
L790	HIV-1 Serum Western Blot		25.00
L791	HIV-1, Western Blot, Oral Fluid		25.00
L800	HIV-1 Standard Viral Load, PCR		130.00
L810	HIV-1 Ultra Sensitive Viral Load, PCR		130.00
L820	HIV-1 Antibody, Oral Fluid, ELISA		15.00
L830	Fluorescent Rabies Antibody		30.00
L840	Rubella (German Measles)		20.00
L850	Rubeola, IgG & IgM		15.00
L860	Arbovirus Panel (SLE, WEE, VEE, California Encephalitis Group)		23.00
L870	Streptococcus, Rapid Screen		10.00
L880	Drugs, Screening, 5-7 Drugs		10.00
L881	Confirmatory Test / Drug	Per Drug	15.00
L882	Individual Drug, Screening	Per Drug	5.00

**CITY OF LONG BEACH  
HEALTH DEPARTMENT: FEE SCHEDULE**

Code	Classification	Fee Description	FEE FY 04-05
<b>II. PUBLIC HEALTH SERVICES</b>			
<b>PUBLIC HEALTH SERVICES</b>			
<b>Travel Immunization</b>			
P010	Adult Immunization Fee (Includes Validation)	Visit	15.00
P020	Nursing Assessment (Includes Malaria Rx)	Visit	30.00
P030	Follow-up Visit	Visit	10.00
P040	Pediatric Immunization Fee	All Vaccines Free	7.50*
P050	Malaria Prophylaxis (Rx) - If getting Malaria Rx only	Visit	15.00
<b>VACCINES</b>			
<b>Immunologic Agents</b>			
P070	Flu (Influenza) Vaccine	Dose	10.00 + cost
P080	Hepatitis B Vaccine	Dose	10.00 + cost
P085	Twinrix	Dose	10.00 + cost
P090	Japanese Encephalitis Vaccine	Dose	10.00 + cost
P100	Meningococcal	Dose	10.00 + cost
P110	MMR (Measeles-Mumps-Rubella)	Dose	10.00 + cost
P120	Polio Vaccine	Dose	10.00 + cost
P130	Rabies Vaccine	Dose	10.00 + cost
P140	Typhoid Vaccine-Injection	Dose	10.00 + cost
P141	Typhoid Vaccine-Single Dose Injection	Dose	10.00 + cost
P142	Typhoid Vaccine-Oral	Dose	10.00 + cost
P150	Yellow Fever Vaccine	Dose	10.00 + cost
P151	Cholera Vaccine	Dose	10.00 + cost
P160	Pneumococcal Vaccine	Dose	10.00 + cost
P170	Special Vaccines		10.00 + cost
P171	Havrix (Adult)	Dose	10.00 + cost
P173	Havrix (Child)	Dose	10.00 + cost
P175	Varicella Vaccine (Varivax)	Dose	10.00 + cost
<b>IMMUNOGLOBULINS/TOXOIDS</b>			
P180	DT (Diphtheria-Tetanus)	Dose	10.00 + cost
P190	Tetanus Toxoid Absorbed	cc	10.00 + cost
P200	HBIG (Hepatitis B Ig)	cc	10.00 + cost
P210	Immune (Gamma) Globulin, Serum [Adult]	Dose	10.00 + cost
P211	Immune (Gamma) Globulin, Serum [Child]	Dose	10.00 + cost
P220	VZIG (Zoster Immune Globulin)	Dose	10.00 + cost
P230	Rabies Immune Globulin (RIG)	cc	10.00 + cost
<b>SKIN TESTS</b>			
P240	Candin (C. albicans)	Test	10.00
P250	Cocci (Coccidioidin)	Test	10.00
P260	Histoplasmin	Test	10.00
P270	Mumps	Test	10.00
P280	TB Skin Test (PPD)	Test	15.00
P281	Anergy Panel (ie Mumps & Candida)	Panel	15.00
<b>Clinic Services</b>			
<b>CHILD HEALTH SERVICES</b>			
P290	CHC (Child Health Clinic) Services-Not CHDP eligible		45.00
P300	Camp Physicals		45.00
P301	School Sports Comprehensive Physical		45.00
P310	Medication Fees	Per Child	10.00
P320	CHDP Primary Care - Nursing Assessment	Visit	20.00
P321	CHDP Primary Care-Physician Assessment (Incl. Nursing Assessment)	Visit	30.00
P330	Lead Screen Test - Non-CHDP Eligible		25.00
* Administrative Service Charge			
<b>Public Health Services</b>			
P340	Public Health Clinic Assessment	Visit	30.00
P350	Monthly Medication Fee	> 1 Prescription	10.00
P360	Medication Fee		10.00

**CITY OF LONG BEACH  
HEALTH DEPARTMENT: FEE SCHEDULE**

Code	Classification	Fee Description	FEE FY 04-05
<b>Preventive Health Clinic Services</b>			
P370	Sexually Transmitted Diseases Clinic Assessment	May Waive up to \$40 (Based on ability to pay)	40.00 or any portion thereof
P375	Confidential HIV Testing	May be waived	10.00
P376	Court-ordered HIV Testing	Non-waivable	20.00
<b>Early Intervention Program (EIP)</b>			
P380	Fee charges are in accordance with the Early Intervention fee schedule as established by the State of California, Department of Health Services, on a sliding scale.		
<b>Prenatal Services</b>			
P390	Clinic (Visit) Services		Fees on a sliding scale based on ability to pay up
P400	Laboratory Tests		10.00
P410	Support Services		to max of \$1,200
P415	Pregnancy Test		10.00
P420	Post Partum/Family Planning		to max of \$1,200
P430	Lamaze Classes/Instruction		50.00
<b>Tuberculosis Clinic Services</b>			
P440	Pre-Clinic Visit (Includes Nurse; x-ray not included)		15.00
P441	Chest X-ray Clients who bring own X-ray (Radiology Reading)		10.00
P442	Chest X-ray - Single View		45.00
P443	Chest X-ray - Two Views		60.00
P450	Chest Clinic Visits (Includes Physician; x-ray not included)		30.00
P460	Interim Clinics (Monthly Visits to Extended Role Nurse w/Liver Function Test; includes INH starts & refills)		15.00
P470	TB Skin Tests	Single	15.00
P471		Family	20.00
<b>Dental Clinic Services</b>			
P480	Prophylaxis		20.00
P490	Examination	Minimum	5.00
P500	Emergency		15.00
P510	Recementation		16.00
P520	Full Upper Denture		255.00
P521	Full Lower Denture		255.00
P530	Partial U/L Acrylic with Cast Clasps		185.00
P531	Partial U/L Cast Framework Acrylic Saddle		270.00
P540	Teeth and Clasps Extra Per Unit		18.00
P550	Simple Stress Breakers		28.00
P560	Anterior Stayplate Base		85.00
P570	Acrylic Partial U/L with Wire Clasps		170.00
P580	Denture Adjustment		12.00
P590	Denture Reline (LAB)		95.00
P600	Tissue Conditioner Per Denture		35.00
P610	Denture Duplication (Jump Case)		135.00
P620	Broken Full Denture (No Teeth Involved)		36.00
P630	Replace Missing or Broken Teeth	First tooth	36.00
P631		Each additional tooth at \$50 max.	7.00
P640	Partial Add First Tooth of Clasp		45.00
P650	Each Additional Tooth or Clasp		15.00
P660	Partial Repairs (95.00 based on actual lab costs)	Maximum	50.00
P670	Perio Rx (Scaling)		22.00
P680	Bonding	Minimum	20.00
<b>Record Validation/Duplication</b>			
P690	Travel Certificate Validation Duplication	Certificate	5.00
P700	Copy of Immunization Record	Copy	5.00
P701	copy of Chest X-ray Report	Copy	5.00
P702	Copy of Tuberculin Skin Test Report	Copy	5.00

**CITY OF LONG BEACH  
HEALTH DEPARTMENT: FEE SCHEDULE**

Code	Classification	Fee Description	FEE FY 04-05
P710	Medical Record Duplication		\$20.00+0.25/pg
P720	Immigration Waiver Form		25.00
P730	Service Charge - Returned Checks		10.00
P740	Medical Clinic - Medical Summary		25.00
<b>VIII</b>	<b>IMMIGRATION APPLICATION</b>		
	<b>IMMIGRATION APPLICATION</b>		
I001	Includes 1-4 in TB Clinic Referral		60.00
I010	Office Visit - Nurse Evaluation		10.00
I020	Physician Consultation		25.00
I030	TB Clinic Referral for Workup - May include the following: (1) X-ray, (2) Sputum, (3) Consultation, and (4) Skin Test		10.00
I040	Clearance for Immigration (Either B or C above)		15.00
I050	Past Documents (Duplication)		\$20.00+0.25/pg
I060	Laboratory - HIV Test (Confidential)		45.00
I070	Laboratory - RPR		11.00
<b>IX</b>	<b>MISCELLANEOUS SERVICES</b>		
M001	Health Education Materials		Actual Cost
M010	Environmental Health Materials		Actual Cost
M020	Continuing Education Units - Certification	Per Session for administrative process of CEU's.	Actual Cost
M030	Court Ordered Health Education Classes		25.00
M040	Conference Room Rental	Per Hour - Non-City sponsored activities	10.00
	<b>Miller Family Health Education Center Facility Fees</b>		
M050	Not-for-Profit Groups (2-hour minimum)	per hour	25.00
M051	For-Profit Groups (2-hour minimum)	per hour	37.00
M054	Maintenance Fee, 10-50 people	each reservation	30.00
M055	Maintenance Fee, 51-100 people	each reservation	40.00
M057	Saturdays and Evening Premium	up to 4 hours	65.00
		per hour thereafter	20.00
M058	Special Services (Language Interpretation, Equipment, etc.)	Per Service	Actual Cost
<b>X</b>	<b>OCCUPATIONAL HEALTH SERVICES</b>		
OH001	Physical Examination		75.00
OH010	Titmus Eye Examination		15.00
OH020	Audiogram		25.00
OH030	Chemistry Panel		25.00
OH040	Urine Analysis		10.00
OH050	Urine Drug Testing		50.00
OH060	Breath Alcohol Testing	Negative	15.00
		Positive	30.00
OH070	Chest X-Ray		50.00
OH080	Bone X-Ray (Various Body Parts)		25.00
OH090	PPD Skin Testing		10.00
	<b>Immunizations</b>		
OH100	Tetanus		15.00
OH110	Hepatitis B Series		200.00
OH120	Hepatitis B Booster		75.00
OH130	Rabies Series (\$116.10/Injection) x 3 = \$348.30		375.00
OH140	Hepatitis B Immune Globulin		30.00
OH150	Measles (MMR) (\$27.80)		40.00
OH160	Electrocardiogram		50.00
OH170	Spirometry		35.00
OH180	Physical Therapy	Each Session	25.00
OH190	Stool Guaiac		10.00
OH200	Employee Flu Clinic		15.00

**CITY OF LONG BEACH  
HEALTH DEPARTMENT: FEE SCHEDULE**

Code	Classification	Fee Description	FEE FY 04-05
<b>XI</b>	<b>ANIMAL CONTROL FEES AND CHARGES</b>		<b>FY 04-05</b>
<b>ANIMAL CONTROL</b>			
A001	Redemption of animal previously released by owner		10.00
A002		Additional day or portion thereof	8.00
A010	Pick-up Fee		40.00
A020	Dog Spay and Neuter Fee/Deposit (Rescue Group Only)		Actual Cost
A030	Cat Spay and Neuter Fee/Deposit (Rescue Group Only)		Actual Cost
<b>Fees for Impounding</b>			
A040	Fees for Impounding	For each hour (or fraction of an hour) spent per officer in the capture & impounding	26.00 minimum
A050	For each Dog	First Time	25.00
A051		Second Time	35.00
A052		Third Time	65.00
A053		Fourth and Subsequent Impounds	\$65.00 + \$50.00 per add'l impound after third impound
A060	For Livestock (cows, goats, sheep, pigs, etc.)		60.00
A070	Fowl and Birds		20.00
A080	For each Cat	First Time	25.00
A081		Second Time	35.00
A082		Third Time	65.00
A083		Fourth and Subsequent Impounds	\$65.00 + \$50.00 per add'l impound after third impound
<b>Fees for Boarding or Keeping</b>			
A090	Livestock		\$7/day + actual cost
A100	For each animal, other than livestock and exotic animals		8.00 per day
A110	Exotic Animals		\$5.00 + actual cost
<b>Dog Tag Fees</b>			
A120	Puppies under 12 months but over 4 months can be licensed on a monthly basis. Minimum charge of 6 months or pro-rated for each month accordingly.		Prorate A121- A142
A121	12 Months - Unaltered		36.00
A122	12 Months - Altered		18.00
A123	24 Months - Unaltered		72.00
A124	24 Months - Altered		36.00
A125	36 Months - Unaltered		108.00
A126	36 Months - Altered		54.00
A130	Monthly Portions - Unaltered	Rate includes add'l	3.00 or fraction
A131	Monthly Portions - Altered	fee for admin. costs	1.50 or fraction
A141	Senior Citizen Rate-12 Month (One pet/household only)-Altered Animals Only		9.00
A142	Senior Citizens Rate-Second and Third years-Altered Animals Only		1 year rate x the # of years
<b>Penalties</b>			
A150	Unaltered/Altered Dog Late Fee		25.00
<b>Issue Duplicate Tag</b>			
A170	Unaltered/Altered		5.00
<b>Inoculations</b>			
A180	Anti-Rabies	Inoculation	7.00
A190	Distemper/Parvo	Inoculation	14.00
A200	Feline Viral Rhinotracheitis CP	Inoculation	14.00

**CITY OF LONG BEACH  
HEALTH DEPARTMENT: FEE SCHEDULE**

Code	Classification	Fee Description	FEE FY 04-05
<b>Drop Off/Owner Relinquished Animals (dogs, cats, other)</b>			
A215	Placeable dog with current license and placeable cat/other	Animal	50.00
A216	Non-placeable dog with current license and non-placeable cat/other	Animal	70.00
A217	Placeable dog without current license	Animal	75.00
A218	Non-placeable dog without current license	Animal	95.00
A223	Stray/Non-owner Relinquished - Dead/Alive		No Charge
A222	Non-resident Owner Relinquished - Dead/Alive	Animal	\$100.00 + applicable relinquishment fee
A219	Commercial trapping relinquishment fee (wildlife)	Animal	25.00
<b>Dead Animal Disposal</b>			
A220	Dead Animal Disposal - Owner Relinquished	Animal	20.00
A221	Veterinarian Relinquished - (dead only) - per animal / barrel	Animal	20.00
		Barrel	100.00
A224	Institution (School, Business, etc) - per animal/barrel	Animal	20.00
		Barrel	100.00
A225	Large Animal (livestock, etc) Disposal - Owner Relinquished		Cost of actual disposal + \$100.00
<b>Cat Traps</b>			
A230	Deposit (Forfeited after 30 days if not returned or damaged)		90.00
A240	Charge (Starts on First Day)	Day	3.00
A250	Trap Pick-up or Drop off		40.00
<b>Euthanasia</b>			
A260	Euthanasia + Additional Drop-off Fee (Only For Animals That Can, By Law, Be Immediately Euthanized.)		65.00
<b>Permits</b>			
A310	Animal Menagerie (Petting Zoo)	First Day	100.00
		Each Add'l Day	25.00
A320	Animal Exhibition (Circus, Rodeo, Etc.)	First Day	300.00
		Each Add'l Day	100.00
A330	Wild / Exotic Animal - First Animal	Annual	\$25.00 1st animal
		Annual	\$5.00 each add'l animal
A340	Guard Dog Companies - Site Permit	Annual	175.00
A350	Filming Animals (Movies, Commercials)	First Day	100.00
		Each Add'l Day	25.00
A360	Animal related events not specified above such as dog shows, etc.	First Day	100.00
		Each Add'l Day	25.00
A364	Vicious Animal Permit	Annual	350.00
A366	Vicious Animal Re-Inspection	Each Re-inspection	175.00
<b>Animal Sales</b>			
A370	Cat Sales (Rescue Group Only)	Animal	10.00
A371	Dog Sales (Rescue Group Only)	Animal	10.00
<b>Investigative Services</b>			
A372	Court Restitution	Each hour spent on case	30.00/hour
A370	Cat Sales (Rescue Group Only)	Animal	10.00
A371	Dog Sales (Rescue Group Only)	Animal	10.00