



PERMIT FEE SCHEDULE

Approved by Board of Commissioners: September 6, 2016
Effective date: November 1, 2016

BUILDING PERMITS

Minimum Permit (up to and including \$10,000.00)	\$30.00
\$10,001.00 and above.....	\$ 3.00 per thousand

Note: For minimum permit, more than two inspections will be charged an additional \$30.00 fee (Includes insulation permit, decks & porches)

ELECTRICAL PERMITS

Minimum charge:\$30.00 (saw service, moved service, load controls, low voltage systems, etc.)

Commercial /Residential Electrical Services:

0 – 200 amp service	\$60.00
201 - 400 amp service.....	\$90.00
401 - 600 amp service	\$120.00
601 - 800 amp service	\$150.00
801 - 1200 amp service	\$200.00
1201 - 3000 amp service	\$350.00
3001 - 5000 amp service	\$500.00
5001 – amp service and above	\$700.00

Other residential inspections (duplex, multi-family residence) \$60.00 per unit

Farm buildings: If multiple farm buildings are fed from a single electrical service, the fee shall be \$30.00 per building plus amperage fee.

Note: For minimum permit, more than two inspections will be charged an additional \$30.00 fee

PLUMBING PERMITS

Minimum Permit: \$30.00 (gas line, sewer line, water service line, water heater, etc.)

Commercial /Residential:

0 – 15 fixtures	\$60.00
16 – 30 fixtures	\$90.00
31 – 45 fixtures	\$300.00
46 – 60 fixtures	\$400.00
61 – 75 fixtures	\$500.00
76 – 90 fixtures	\$600.00
91 and above fixtures	\$700.00

Other residential inspections (duplex, multi-family residence, farm buildings etc.) \$60.00
Per unit

*Note: For minimum permit, more than two inspections will be charged
an additional \$30.00 fee*

HEATING & AIR-CONDITIONING PERMITS

Minimum charge:\$30.00 (gas line, duct only, etc.)

Commercial /Residential:

1 – 2 units	\$60.00
3 – 5 units	\$90.00
6 – 10 units	\$200.00
11 units and above	\$400.00

Other residential inspections (duplex, multi-family residence, farm building) .. \$60.00 per
unit

*Note: For minimum permit, more than two inspections will be charged
an additional \$30.00 fee*

MOBILE HOME SETUP PERMITS

Single family residence (includes all permits, decks and porches of any size) \$150.00

MODULAR HOME SETUP PERMITS

Single family residence (includes all permits, decks and porches of any size) \$500.00

HOLIDAY & AFTER HOURS INSPECTIONS

Residential Base Fee \$75.00 per inspection
Commercial Base Fee \$150.00 per inspection
Holiday Inspection \$50.00 + Base fee per inspection

OTHER FEES

Rejection fee \$30.00
Re-open expired permit (Up to 6 years old) \$30.00 per permit
Commercial demolition permit \$150.00
Residential demolition permit \$75.00
Certificate of Occupancy with no change of use \$50.00
Temporary power or Temporary Certificate of Occupancy \$50.00
Failure to obtain finals after Temporary Certificate of Occupancy \$100.00
Residential plan review without permits \$50.00
Commercial plan review without permits \$100.00
Consultation Inspections (Daycare, ABC License, Change of Occupancy, etc.) ... \$50.00

BASIS FOR DETERMINING CONSTRUCTION VALUATION FOR BUILDING PERMITS ISSUED IN RANDOLPH COUNTY

New construction valuation shall be based on the most recent version of the International Code Council Building Valuation Data. Renovations, alterations, or special circumstances may be determined by other methods upon approval by the Director of Inspections or Plan Reviewer.

**FOR PERMITS ISSUED AFTER COMMENCEMENT OF WORK,
PERMIT FEES SHALL BE DOUBLED.**



Randolph County Health Department

Fee Schedule (New Rates are Effective July 1, 2016 to June 30, 2017)

*The Health Department fee schedule is subject to change each
fiscal year.*

Board of Health approved: 5/9/2016

HEALTH DEPARTMENT		HEALTH DEPARTMENT FEES
CPT Code	Description	Fee Rate as of 7.1.2016
11981	Insert Nexplanon	\$304.00
11982	Remove Nexplanon	\$345.00
11983	Nexplanon Insert & Removal	\$450.00
56501	TREATMENT OF CONDYLOMA	\$255.00
57170	FITTING OF DIAPHRAGM/CAP	\$156.00
58300	INSERT IUD	\$174.00
58301	REMOVE IUD	\$222.00
97802	MEDICAL NUTRITION INDIV IN	\$50.00
97803	MED NUTRITION INDIV SUBSEQ	\$40.00
99201	New Prob. Focused - 10 min	\$90.00
99202	New Expanded - 20 min.	\$164.00
99203	New Detailed - 30 min.	\$210.00
99204	New Comprehensive-45 min	\$307.00
99205	New Complex-60 min	\$386.00
99211	Est. (Nurses) 5-min.	\$38.00
99212	Est. Prob. Focused - 10 min.	\$84.00
99213	Est. Expanded - 15 min.	\$140.00
99214	Est. Detailed - 30 min.	\$207.00
99215	Est. Comprehensive-45 min.	\$279.00
99241	OFFICE CONSULTATION	\$104.00
99242	OFFICE CONSULTATION	\$175.00
99243	OFFICE CONSULTATION	\$239.00
99244	OFFICE CONSULTATION	\$355.00
99245	OFFICE CONSULTATION	\$435.00
99381	INIT PM E/M NEW PAT INF	\$213.00
99382	INIT PM E/M NEW PAT 1-4 YRS	\$223.00
99383	PREV VISIT NEW AGE 5-11	\$258.00
99384	REV VISIT NEW AGE 12-17	\$261.00
99385	PREV VISIT NEW AGE 18-39	\$255.00
99386	PREV VISIT NEW AGE 40-64	\$295.00
99391	PER PM REEVAL EST PAT INF	\$191.00
99392	PREV VISIT EST AGE 1-4	\$205.00
99393	PREV VISIT EST AGE 5-11	\$205.00
99394	PREV VISIT EST AGE 12-17	\$223.00
99395	PREV VISIT EST AGE 18-39	\$229.00
99396	PREV VISIT EST AGE 40-64	\$244.00
90471	ADMIN 1 VACCINE	\$48.00
90472	ADMIN, 2 OR MORE VACCINES	\$27.00



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CPT Code	Description	Fee Rate as of 7.1.2016
90473	ADMIN, ORAL VACCINE (ONLY)	\$35.00
90474	IMMUNE ADMIN ORAL/NASAL ADDED	\$25.00
LU102	COMPLETION OF RECORD OF TB SCREEN	\$25.00
99404	PREVENTIVE COUNSELING INDIV	\$217.00
99420	HEALTH RISK ASSESSMENT TEST	\$20.00
S9445	PT EDUCATION NOC INDIVID	\$21.00
81005	URINALYSIS	\$5.00
81025	URINE PREGNANCY TEST	\$15.00
85018	HEMOGLOBIN	\$8.00
87210	WET PREP includes (Q0111)	\$15.00
36415	BLOOD DRAW/FINGER STICK (+G0001)	\$10.00
G0001	VENIPUNCTURE FOR LHD-USE	\$16.00
T1002	RN SERVICES UP TO 15 MINUTES	\$75.00
82947	GLUCOSE	\$12.00
83986	PH BODY FLUID	\$10.00
80048	METABOLIC PANEL (CA, TOTAL)	\$12.00
80051	ELECTROLYTE PANEL	\$11.00
80053	COMPREHEN METABOLIC PANEL	\$17.00
80061	LIPID PANEL	\$25.00
80074	ACUTE HEPATITIS PANEL	\$70.00
80076	HEPATIC FUNCTION PANEL	\$13.00
80156	ASSAY CARBAMAZEPINE TOTAL	\$22.00
80178	ASSAY LITHIUM	\$10.00
80184	ASSAY PHENOBARBITAL	\$18.00
80185	ASSAY PHENYTOIN TOTAL	\$20.00
82465	ASSAY BLD/SERUM CHOLESTEROL	\$10.00
82565	ASSAY CREATININE	\$8.00
82607	VITAMIN B-12	\$23.00
82728	ASSAY FERRITIN	\$21.00
82977	ASSAY GGT	\$11.00
83020	HEMOGLOBIN ELECTROPHORESIS	no charge
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$15.00
83540	ASSAY IRON	\$10.00
83550	IRON BINDING TEST	\$13.00
83655	ASSAY LEAD	\$45.00
84132	ASSAY SERUM POTASSIUM	\$10.00
84295	ASSAY SERUM SODIUM	\$10.00
84443	ASSAY THYROID STIM HORMONE	\$25.00



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CPT Code	Description	Fee Rate as of 7.1.2016
84450	TRANSFERASE (AST) (SGOT)	\$10.00
84460	ALANINE AMINO (ALT) (SGPT)	\$10.00
84479	ASSAY THYROID (T3 OR T4)	\$12.00
84481	FREE ASSAY (FT-3)	\$45.00
84520	ASSAY UREA NITROGEN	\$10.00
84550	ASSAY BLOOD/URIC ACID	\$10.00
85025	COMPLETE CBC W/AUTO DIFF WBC	\$16.00
85027	COMPLETE CBC AUTOMATED	\$15.00
85045	AUTOMATED RETICULOCYTE COUNT	\$8.00
86580	TB SKIN TEST	\$18.00
86580P	TB SKIN TEST-Patient Pay	\$18.00
86592	Trust (Syphilis serology)	no charge
86593	BLOOD SEROLOGY QUANTITATIVE	\$22.36
86701	HIV-1	no charge
86703	HIV-1 HIV-2 SINGLE ASSAY	no charge
86704	HEP B CORE ANTIBODY TOTAL	\$20.00
86706	HEP B SURFACE ANTIBODY	\$16.00
86707	HEP BE ANTIBODY	\$20.00
86787	VARICELLA-ZOSTER ANTIBODY	\$20.00
86803	HEPATITIS C AB TEST	\$22.00
87149	CULTURE TYPE NUCLEIC ACID	\$30.00
87177	OVA AND PARASITES SMEARS	\$33.93
87252	HERPES SIMPLEX VIRUS	\$40.00
87255	GENET VIRUS ISOLATE HSV	\$32.00
87340	HEPATITIS B SURFACE AG EIA	\$20.00
87341	HEPATITIS B SURFACE AG EIA	\$20.00
87389	HIV-1 AG HIV-1 AND HIV-2 AB	no charge
87491	CHLAMYDIA	\$50.00
87517	HEPATITIS B DNA QUANT	\$51.00
87591	GONORRHEA	\$52.00
87621	HPV DNA AMP PROBE(HPV Reflex)	\$30.00
88141	Pap, MD Interpretation	\$32.00
88174	Pap, Thin Prep	\$40.00
88175	THIN PREP, PAP PROCESS FEE	\$40.00
87081	GONORRHEA-Culture Screen Only	\$12.00
87205	STAT MALE SMEAR/GONORRHEA	\$11.00
90675	RABIES VACCINE IM	\$225.76 ❖
90710	MMRV VACCINE SC	\$93.00 ❖



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HEALTH DEPARTMENT		HEALTH DEPARTMENT FEES
CPT Code	Description	Fee Rate as of 7.1.2016
90716	CHICKEN POX VACCINE SC	\$92.58 ❖
90732	PNEUMOCOCCAL VACCINE(Adult)	\$64.91 ❖
90734	MENACTRA (MCV4)	\$108.91 ❖
J1050	DEPO	\$124.00
J1050UD	DEPO	\$20.68
J7298	LEVONORGESTREL 52 MG 5 YEAR(Mirena)	\$912.00
J7298UD	LEVONORGESTREL 52 MG 5 YEAR(Mirena)	\$312.80
J7300	IUD Device-Paragard	\$942.66
J7300UD	IUD Device-Paragard	\$157.11
J7307	Nexplanon	\$850.00
J7307UD	Nexplanon	\$320.04
S4993	BC Pills (Birth Control Pills)	\$8.82
S4993UD	BC Pills (Birth Control Pills)	\$8.82

Note: (The fees with a ❖ after the cost are vaccines that Randolph County Health Department orders in limited amounts. Randolph County Health Department charges the manufacturer's cost, and these prices are subject to change).



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HEALTH DEPARTMENT		DENTAL FEES
CDT Code	Description	Fee Rate as of 7.1.2016
D0120	PERIODIC ORAL EVALUATION	\$50.00
D0140	LIMIT ORAL EVAL PROBLEM FOCUS	\$70.00
D0145	ORAL EVALUATION PT < 3YRS	\$61.00
D0150	COMPREHENSIVE ORAL EVALUATION	\$82.00
D0220	INTRAORAL PERIAPICAL FIRST F	\$28.00
D0230	INTRAORAL PERIAPICAL EA ADD	\$22.00
D0270	DENTAL BITEWING SINGLE FILM	\$24.00
D0272	DENTAL BITEWINGS TWO FILMS	\$42.00
D0274	DENTAL BITEWINGS FOUR FILMS	\$55.00
D0330	DENTAL PANORAMIC FILM	\$110.00
D0470	DIAGNOSTIC CASTS	\$60.00
D1110	DENTAL PROPHYLAXIS ADULT	\$70.00
D1120	DENTAL PROPHYLAXIS CHILD	\$55.00
D1201	TOPICAL FLUORIDE W PROPHYLAXIS C	\$41.00
D1205	TOPICAL FLUORIDE W/ PROPHYLAXIS A	\$43.00
D1206	TOPICAL FLUORIDE VARNISH	\$55.00
D1208	TOPICAL FLUOR (UNDER AGE 21)	\$40.00
D1351	DENTAL SEALANT PER TOOTH	\$47.00
D1510	SPACE MAINTAINER FIXED UNILAT	\$280.00
D1515	FIXED BILAT SPACE MAINTAINER	\$380.00
D2110	AMALGAM ONE SURFACE PRIMARY	\$58.00
D2140	AMALGAM ONE SURFACE PERMANENT	\$110.00
D2150	AMALGAM TWO SURFACES PERMANENT	\$140.00
D2160	AMALGAM THREE SURFACES PERMANENT	\$170.00
D2161	AMALGAM 4 OR > SURFACES PERM	\$200.00
D2330	RESIN 1 SURFACE - ANT	\$120.00
D2331	RESIN 2 SURFACES - ANT	\$130.00
D2332	RESIN 3 SURFACES - ANT	\$190.00
D2335	RESIN 4+ SURF OR W INCISAL ANT	\$220.00
D2390	RESIN-BASED COMPOSITE CROWN ANT	\$220.00
D2391	RESIN-BASED COMPOSITE-1 SURF PSTR	\$150.00
D2392	RESIN-BASED COMPOSITE-2 SURF PSTR	\$180.00
D2393	RESIN-BASED COMPOSITE-3 SURF PSTR	\$235.00
D2394	RESIN-BASED COMPOSITE-4+ SURF PSTR	\$250.00
D2920	DENTAL RECEMENT CROWN	\$19.00
D2930	PREFAB STAINLESS STEEL CROWN PRI	\$250.00
D2931	PREFAB STAINLESS STEEL CROWN PE	\$250.00
D2940	PROTECTIVE RESTORATION	\$76.00



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HEALTH DEPARTMENT		DENTAL FEES
CDT Code	Description	Fee Rate as of 7.1.2016
D2951	TOOTH PIN RETENTION	\$20.20
D3110	PULP CAP DIRECT	\$16.00
D3120	PULP CAP INDIRECT	\$50.00
D3220	THERAPEUTIC PULPOTOMY	\$150.00
D4341	PERIODONTAL SCALING & ROOT	\$43.00
D4355	FULL MOUTH DEBRIDEMENT	\$125.00
D7111	EXTRACTION CORONAL REMNANTS	\$75.00
D7140	EXTRACTION ERUPTED TOOTH/EXR	\$140.00
D7210	SURG REM ERPTD TOOTH/BONE W/ MUCOP	\$200.00
D7270	TOOTH REIMPLANTATION	\$250.00
D7510	I&D ABSCESS INTRAORAL SOFT TISSUE	\$154.00
D7520	I & D ABSCESS EXTRAORAL	\$747.00
D9110	TX DENTAL PAIN MINOR PROC	\$60.00
D9310	DENTAL CONSULTATION	\$35.00



Randolph County Health Department
 FY17 Fee Schedule (New Rates are Effective July 1, 2016 to June 30, 2017)

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 fiscal year.*

Board of Health approved: 5/9/2016

HEALTH DEPARTMENT	ENVIRONMENTAL HEALTH FEES
Environmental Health Services	Fee Rate as of 7.1.2016
• Swimming Pool Plan Review	\$200.00
• Swimming Pool Permits (annual)	\$100.00
• Return visit if Pool not ready	\$50.00
• Tattoo Permits	\$250.00
• Food and Lodging Plan Review	
Restaurants (seats)	\$200.00
Food Stands (no seats)	\$150.00
Meat Markets	\$100.00
Mobile Food Unit	\$75.00
Push Cart (Custom built, non-NSF)	\$75.00
• Temporary Food Establishments	\$75.00
• Limited Food Service Establishments	\$75.00
• New Wastewater Improvement Permits	
(0-600 gal)	\$200.00
(601-1000 gal)	\$300.00
(1001-3000 gal)	\$400.00
(3001-10000 gal)	\$600.00
• Wastewater Expansion Permits regardless of size	\$100.00
• Authorization to Construct	
Type I and II	\$50.00
Type III and IV Systems	\$150.00
Type V and VI Systems	\$500.00
• Authorization to connect to an existing system	\$50.00
• Consultative Visits	\$100.00
• Re-inspection	\$50.00
• Well Permits	\$250.00
• Water Samples	
Bacteriological	\$26.00
Inorganic Chemical	\$74.00
Petroleum	\$74.00
Pesticide	\$74.00
VOC	\$74.00
Lead	\$40.00
Fluoride	\$25.00
Nitrate/Nitrite	\$55.00
Sulfur Sulfate Reducing Bacteria	\$50.00
Iron Bacteria	\$28.00
Other	*TBD
Trip Fee (One per application)	\$30.00



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HEALTH DEPARTMENT	ANIMAL CONTROL FEES
Animal Control Services	Fee Rate as of 7.1.2016
♦ Nuisance Violation	
1st offense	\$50
2nd offense	\$100
3rd offense	\$200
♦ Animal Running at Large	
1st offense	\$50
2nd offense	\$100
3rd offense	\$200
♦ Livestock Running at Large	
1st offense	\$100
2nd offense	\$200
3rd offense	\$400
♦ Interference with an Animal Control Officer	
1st offense	\$250
2nd offense	\$500
3rd offense	\$1,000
♦ Abandoning an Animal	\$100
♦ Intentional Damage/Neglect	
To a Dog or Cat Trap	\$250
♦ Interference with Traps	
1st offense	\$50
2nd offense	\$75
3rd offense	\$100
♦ Dangerous Dogs	
1st offense	\$250
2nd offense	\$500
3rd offense	\$1,000
♦ Wild and Dangerous Animal	\$300
♦ Exotic Reptile/Mammals	\$100
♦ Rabies Vaccination Tag and Certification	\$50
♦ Violation of Quarantine	\$100
♦ Failure to Confine for Observation	\$200
♦ Cruelty to Animals	\$200
♦ Reclaim Penalty For	
2nd impoundment of same animal	\$10
3rd impoundment of same animal	\$25
4th impoundment of same animal	\$50
♦ Adoption Rule Violation	\$200
♦ Non-Penalty Fees (Animal Control)	



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HEALTH DEPARTMENT

ANIMAL CONTROL FEES

Animal Control Services

Fee Rate as of
7.1.2016

♦ Adoption Fees	
Dogs and Cats	\$25
Other small animals	\$5
♦ Euthanasia Request (owned animal)	\$25
♦ Rabies Quarantine Observation	\$100
♦ Animal Board Fee Per Day	\$10
♦ Owner Surrender	\$15
♦ Rabies Vaccine	\$10
♦ Microchip	\$20
♦ Heart Worm Test	\$10
♦ Feline Triple Test	\$16
♦ T-Shirt	\$10
♦ Leashes	\$3
♦ New Leash On Life Dog (Trained)	\$200
♦ Municipalities not Contracted	\$10

with Animal Control to provide services.

(Charge per animal brought to Animal Control).



RANDOLPH COUNTY
DEPARTMENT OF PLANNING & DEVELOPMENT
204 East Academy Street • Post Office Box 771
Asheboro, North Carolina 27204-0771
Telephone: (336) 318-6555 • Fax: (336) 318-6550

RANDOLPH COUNTY PLANNING DEPARTMENT
FEE SCHEDULE

Commissioner Adopted 6/20/16
No changes

Zoning Permit fee	\$10.00
Property Rezoning Application fee	\$100.00
Special Use Permit Application fee	\$100.00
Unified Development Ordinance fee	\$25.00
Growth Management Plan fee	\$25.00
Street Sign - 1 bracket (private road)	\$175.00
Street Sign - 2 bracket (public road)	\$250.00
Local Historic Landmark Application fee	\$125.00
Unified Development Ordinance Citation	\$500.00
Litter Violation fee	\$50.00

Digital Property Maps provide at fees established by Tax Department and IT Department

Hal Johnson

Planning Director

-TOLL FREE NUMBERS-

Greensboro-Liberty: 218-4555 / Archdale-Trinity Area: 819-3555

Randolph County
2016 Ambulance Fee Schedule Approved 6/20/16

Type of Service	2016 Medicare Allowable	Current Adopted Fee Schedule 2014	Recommended Fee to cover actual costs	Difference from current fee schedule	EMS MC Recommendation Includes 20% Medicare Co-Pay & minimum 130 or 150% MFS Requirement
Basic Life Support (BLS) Transport – Non Emergency A0428	\$216.22↓	\$325	\$375	+\$50 116%	\$317.48
Basic Life Support (BLS) Transport –Emergency A0429	\$345.95↑	\$375	\$450	+\$75 120%	\$449.74
Advanced Life Support – Non Emergency A0426	\$259.47↑	\$375	\$450	+\$75 120%	\$337.31
Advanced Life Support – Emergency 1 A0427	\$410.82↑	\$445	\$545	+\$100 122%	\$534.07
Advanced Life Support – Emergency 2 A0433	\$594.61↑	\$645	\$800	+\$155 124%	\$772.99
Specialty Care A0434	\$702.72↑	\$750	\$850	+\$100 113%	\$913.54
Patient Return A0428	\$216.22↓	\$325	\$375	+\$50	\$281.09
ALS 1 Treatment – No Transport		\$175	\$225	+\$50 128%	
Convalescent Waiting Time (after 30 mins) added to base fee – per hour		\$125	\$150	+\$50	\$125
Standby – Special Event (Unit & Crew Per Hour)		\$100	\$100	No Change	
Standby – Special Event (per hour/per EMS employee)		\$25	\$25	No Change	
Morgue Transport <i>*Reimbursed by the NC State Medical Examiner's Office</i>			\$95	NEW FEE	
Mileage A0425	\$10.97	\$10.41	\$11.00	+.59 105%	\$14.26 (Rural)

*****NOTE*****

“EMS MC’s suggested fee schedule recommendation is a best practice increase to the minimum 130% of the Medicare allowed amount. The recommended increase ensures Randolph County’s compliance with Medicare guidelines of collecting the 20% obligatory co-pay and minimum 130% or 150% Medicare Fee Schedule (MFS) requirement that will maximize payments from Insurance companies.”

Medical Supplies have increased 125% since the last fee increase.

Vehicle maintenance and repair has increased 142% since the last fee increase.

Average cost for personnel to cover a four-hour special event is \$100 (for two EMT’s)

Tax Department 7/8/2016

Wage garnishment fee	\$60.00 (GS105-368(g))
Bank attachment	\$60.00 plus cost of certified mail
Returned check	\$25.00 or 10% whichever is more (GS 105-3587 (b)(2))
Advertisement fee	\$5.00

Products Available for Purchase

Paper Copy of Digital Photography

Product	Description	Price
8.5x11 Ortho Sheet	Digital images (photography) Will show structures, property boundary lines, tee lines, utility lines, etc.	\$5.00
11x17 Ortho Sheet		\$7.00
30x42 Ortho Sheet		\$15.00

Paper Property Line Map

Product	Description	Price
8.5x11 Map	Property line map of single property is available in 8.5x11 and 11x17 size.	\$1.00
11x17 Map		\$2.00
30x42 Map	30x42 size shows multiple properties.	\$4.00

Paper Map of Township or Fire District

Product	Description	Price
Township Map	30x42 size shows multiple properties and township or fire district lines.	\$10.00
Fire District Map		\$10.00

Property Record Cards

Product	Description	Price
Residential or Commercial Card	Printed on Tax Department Property Card. Some properties may require multiple cards.	\$.75/card