### WILSON COUNTY, NORTH CAROLINA 2023-2024 BUDGET ORDINANCE

BE IT ORDAINDED by the Board of Commissioners of Wilson County, North Carolina:

**Section 1.** It is estimated that the following revenue sources will be available in the **General Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Property Taxes	\$ 57,328,000
Other Taxes	16,521,682
Intergovernmental	23,409,984
Sales and Services	8,508,470
Permits and Fees	1,261,200
Investment Income	150,000
Fund Balance Appropriated	23,409,093
Miscellaneous	289,000
Transfers from Other Funds	-1,000,000
<b>Total Estimated Revenues</b>	\$129,877,429

**Section 2:** The following amounts are hereby appropriated in the **General Fund** for the operation of the county government and its activities for the fiscal year beginning July 1, 2023, and ending June 30, 2024, in accordance with the chart of accounts hereto established for Wilson County:

General Government	\$ 16,156,285
Public Safety	31,441,591
Environmental Protection	316,579
Human Services	42,140,771
Economic Development	5,201,841
Cultural and Recreation	3,019,322
Transportation	47,857
Education	28,743,401
Debt Service	2,809,782
Total Estimated Expenditures	\$129,877,429

**Section 3:** It is estimated that the following revenues will be available in the **Enhanced 911 Emergency Communications Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

User Fees - Wireline	\$ 321,875
Interest Income	2,000
Fund Balance Appropriated	 191,243
<b>Total Estimated Revenues</b>	\$ 515,118

**Section 4:** The following amounts are hereby appropriated in the **Enhanced 911 Emergency Communications Fund** for the operation of the emergency communications center and its activities for the fiscal year beginning July 1, 2023, and ending June 30, 2024, in accordance with the chart of accounts hereto established for Wilson County:

Enhanced 911	\$ 515,118
Total Estimated Expenditures	\$ 515,118

**Section 5:** It is estimated that the following revenues will be available in the **Transportation Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Total Estimated Revenues	\$ 829,074
Fund Balance Appropriated	47,574
Transportation Income	110,500
Restricted Intergovernmental	\$ 671,000

**Section 6:** The following amounts are hereby appropriated in the **Transportation Fund** for the operation of the transportation system and its activities for the fiscal year beginning July 1, 2023, and ending June 30, 2024, in accordance with the chart of accounts hereto established for Wilson County:

<b>Total Estimated Expenditures</b>	\$ 829,074
Capital Outlay	286,000
Operations	\$ 543,074

**Section 7:** It is estimated that the following revenues will be available in the **Fire District Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Tax Revenue	\$ 2,521,417
Other Taxes	813,125
<b>Total Estimated Revenues</b>	\$ 3,334,542

**Section 8:** The following amounts are hereby appropriated in the **Fire District Fund** for the operation of the county's fire districts and their activities for the fiscal year beginning July 1, 2023, and ending June 30, 2024, in accordance with the chart of accounts hereto established for Wilson County:

### **Volunteer Fire Districts**

Bakertown	\$ 74,404
Beulah-Johnson	117,364
Contentnea	489,710
Crossroads	259,436
East Nash	421,802
Green Hornet-Nash	37,969
Lee Woodard	305,271

Moyton	121,619
Polly Watson-Wayne	10,877
Rock Ridge	310,128
Sanoca	143,094
Silver Lake-Nash	186,008
Sims-Nash	177,218
Toisnot	598,511
Tri County-Nash	77,181
West Edgecombe	3,950
Total Estimated Expenditures	\$ 3,334,542

**Section 9:** It is estimated that the following revenues will be available in the **DSS Representative Payee Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

DSS Trust	\$ 90,000
<b>Total Estimated Revenue</b>	\$ 90,000

**Section 10:** It is estimated that the following revenues will be available in the **DSS Representative Payee Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Benefit of Recipients	\$ 90,000
<b>Total Estimated Expenditures</b>	\$ 90,000

**Section 11:** It is estimated that the following revenues will be available in the **Fines & Forfeiture Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Total Estimated Revenue	\$ 440,000
Fines & Forfeiture	\$ 440,000

**Section 12:** It is estimated that the following revenues will be available in the **Fines & Forfeiture Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Payments to the Recipients	\$ 440,000
Total Estimated Expenditures	\$ 440,000

**Section 13:** It is estimated that the following revenues will be available in the **Deed of Trust Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Total Estimated Revenue	\$ 60,000
DSS Trust	\$ 60,000

**Section 14:** It is estimated that the following revenues will be available in the **Deed of Trust Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Benefit of Recipients	\$ 60,000
Total Estimated Expenditures	\$ 60,000

**Section 15:** It is estimated that the following revenues will be available in the **Opioid Settlement Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Total Estimated Revenue	\$ 335,789
DSS Trust	\$ 335,789

**Section 16:** It is estimated that the following revenues will be available in the **Opioid Settlement** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Benefit of Recipients	\$ 335,789
<b>Total Estimated Expenditures</b>	\$ 335,789

**Section 17:** It is estimated that the following revenues will be available in the **Capital Reserve Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

General Fund Contribution	\$ 1,000,000
<b>Total Estimated Revenues</b>	\$ 1,000,000

**Section 18:** The following amounts are hereby appropriated in the **Capital Reserve Fund** for operations and activities for the fiscal year beginning July 1, 2023, and ending June 30, 2024, in accordance with the chart of accounts hereto established for Wilson County:

Government Facilities	\$ 1,000,000
<b>Total Estimated Expenditures</b>	\$ 1,000,000

**Section 19:** It is estimated that the following revenues will be available in the **Solid Waste District Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Property Taxes	\$ 1,004,000
Other Taxes	320,000
Intergovernmental	0
Solid Waste Income	703,400
Fund Balance Appropriated	350,046
<b>Total Estimated Revenues</b>	\$ 2,377,446

**Section 20:** The following amounts are hereby appropriated in the **Solid Waste District Fund** for the operation of the county's solid waste activities for the fiscal year beginning July 1, 2023, and ending June 30, 2024, in accordance with the chart of accounts hereto established for Wilson County:

Operations	\$ 1,937,446
Capital	0
Transfer Cost	\$ 440,000
<b>Total Estimated Expenditures</b>	\$ 1,908,206

**Section 21:** It is estimated that the following revenues will be available in the **Landfill Financial Assurance Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Total Estimated Revenues	\$ 107,500
Fund Balance Appropriated	0
Contribution from Landfill	100,000
Investment Income	\$ 7,500

**Section 22:** The following amounts are hereby appropriated in the **Landfill Financial Assurance Fund** for the operation of the county's solid waste activities for the fiscal year beginning July 1, 2023, and ending June 30, 2024, in accordance with the chart of accounts hereto established for Wilson County:

Closure Costs Reserve	\$ 107,500
Total Estimated Expenditures	\$ 107,500

**Section 23:** It is estimated that the following revenues will be available in the **Landfill Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Intergovernmental	\$ 13,000
Other Taxes	156,000
Tipping Fees	1,550,000
Other Income	233,640
Investment Income	10,000
Fund Balance Appropriated	326,314
	\$ 2,288,954

**Section 24:** The following amounts are hereby appropriated in the **Landfill Fund** for the operation of the county's landfill activities for the fiscal year beginning July 1, 2023, and ending June 30, 2024, in accordance with the chart of accounts hereto established for Wilson County:

Operations	\$ 2,188,954
Capital	0
Transfer Cost	100,000
<b>Total Estimated Expenditures</b>	\$ 1,992,555

**Section 25:** It is estimated that the following revenues will be available in the **Water Districts Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Due From Districts	\$ 505,313
Total Estimated Revenues	\$ 505,313

**Section 26:** The following amounts are hereby appropriated in the **Water Districts Fund** for the water districts debt payments for the fiscal year beginning July 1, 2023, and ending June 30, 2024, in accordance with the chart of accounts hereto established for Wilson County:

Principal/Interest Payments	\$ 505,313
<b>Total Estimated Expenditures</b>	\$ 505,313

**Section 27:** It is estimated that the following revenues will be available in the **Southeast Water District** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Charges for Services	\$1,398,989
<b>Total Estimated Revenues</b>	\$1,398,656

**Section 28:** The following amounts are hereby appropriated in the **Southeast Water District** for operations and activities for the fiscal year beginning July 1, 2023, and ending June 30, 2024, in accordance with the chart of accounts hereto established for Wilson County:

Operations	\$1,189,989
Debt	208,667
<b>Total Estimated Expenditures</b>	\$1,398,656

**Section 29:** It is estimated that the following revenues will be available in the **Southwest Water District** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

<b>Total Estimated Revenues</b>	\$1,943,561
Fund Balance Appropriated	0
Charges for Services	\$1,943,561

**Section 30:** The following amounts are hereby appropriated in the **Southwest Water District** for operations and activities for the fiscal year beginning July 1, 2023, and ending June 30, 2024, in accordance with the chart of accounts hereto established for Wilson County:

Operations	\$1,426,385
Capital	160,948
Debt	356,228
Total Estimated Expenditures	\$1,943,561

**Section 31:** It is estimated that the following revenues will be available in the **Internal Service Fund** for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

### **Employee Medical**

Premiums	\$8,500,000
Total Estimated Revenues	\$8,500,000

**Section 32:** The following amounts are hereby appropriated in the **Internal Service Fund** for the Employee Medical Insurance Fund for the fiscal year beginning July 1, 2023, and ending June 30, 2024:

Claims and Fees	\$8,500,000
Total Estimated Expenditures	\$8,500,000

**Section 33:** The **County-Wide** Ad Valorem Tax Rate and levy of 73¢ per \$100 valuation is hereby adopted.

Section 34: There is hereby levied Fire Tax District tax as the rates shown below adopted.

Fire Tax District	• •	l Tax Rate Valuation
Bakertown	6.5	cents
Beulah-Johnson	10	cents
Contentnea	8.5	cents
Crossroads	10.1	cents
East Nash	10.25	cents
Green Hornet-Nash	7	cents
Lee Woodard	11.2	cents
Moyton	15	cents
Polly Watson-Wayne	7.5	cents
Rock Ridge	6.75	cents
Sanoca	11.5	cents
Silver Lake-Nash	11.45	cents
Sims-Nash	7.4	cents
Toisnot	7	cents
Tri County-Nash	13	cents
West Edgecombe	5	cents

**Section 35:** The **Solid Waste District** tax rate and levy of 3.25¢ per \$100 valuation is hereby adopted.

# **Section 36:** There is hereby levied for fiscal year 2022-2023 permits and fees as follows:

# AGRICULTURE CENTER

Application to Develop in Flood Hazard Area Review Fee	
	<b></b>
Manufactured Home Park Plan Review Fee	\$150.00 + \$10.00 per space
Final (Major) Subdivision Plat Review Fee	\$30.00 + \$5.00 per lot
., (,,	+ \$10.00 per lot
Preliminary (Major) Subdivision Plat Review Fee (3+ lots)	
Survey Boundary Line (survey only)	
Recombination (no new lots created)	
Final (Minor) Subdivision Plat Review (3 or less lots)	+ \$10.00 per lot
Final (Minor) Subdivision Plat Pavious (2 or loss late)	
Text Amendments Application Fee	\$300.00
Appeals of Administrative Decisions	\$250.00
Variance Application Fee	\$250.00
Special Use Permit Application Fee	
	\$1,200.00 (6+ acres)
3. 11	\$600.00 (3-6 acres)
Conditional District Rezoning Application Fee	
	\$1,000.00 (6+ acres)
Trozoning / ppilodion r oo	\$500.00 (3-6 acres)
Zoning Certificate of Compliance Fee	\$300.00 (less than 3 acres)
Zanin u Oartificata of Oannellanaa Faa	<b>ФОБ ОО</b>
PLANNING & ZONING FEE SCHEE	DULE
Copy charge	\$.05 (per page)
Copy of the UDO Book	
DEVELOP WILLIAM SERVICES	
DEVELOPMENT SERVICES	
of alcoholic beverages.	aling of grounds and no evidence
The deposit fee is due two weeks prior to the event. This wifollowing the event, if no damages are found to equipment, build	
···	
Rental fee payments are made by cash, check or money order a event is reserved on the calendar and the application complete the auditorium can hold is 300 people.	
Custodial Fee (covers set-up, take-down and clean-up)	\$300
Deposit Fee	\$1000
Rental Fee of the Auditorium	\$500 (per day)

Limited or Extended Home Occupation Permit Application Fee ......\$50.00

Sign	Permit Application Fee\$35.00		
Road Sign Fee (new streets)\$10 + \$3.00 per   Road Name Change Petition\$25 +\$3.00 per			
	anning and zoning fees are due at time of submission or provision of service, except for g certificate of compliance, due at time of issuance of the permit.		
	COMMERCIAL BUILDING PERMIT FEES		
A.	<b>NEW CONSTRUCTION, ADDITIONS.</b> Permit fee shall be determined by multiplying the area of the building by the per square foot rate from Table B. **		
	0-5000 sq. ft Area x Table B rate = Fee 5001 – 15000 sq. ft. Area x Table B rate x .75 = Fee 150001 sq. ft. and above Area x Table B rate x .50 = Fee		
	TABLE B – Per Square Foot Rate         BUILDING       \$0.20 psf         ELECTRICAL       \$0.15 psf         MECHANICAL       \$0.15 psf         PLUMBING       \$0.15 psf         FIRE SPRINKLERS       \$0.05 psf		
	Alterations and/or repairs shall be based on 50% of fees for new Construction.		
	** MINIMUM OF ANY FEE SHALL BE \$75.00**		
	COMMERCIAL ELECTRICAL PERMIT FEES (FOR STAND ALONE PERMITS)		
A.	Services, Motor Control Centers and SwitchgearUp to 100 amp - \$75.00  Over 100 up to 200 amp - \$100.00  Over 200 amp \$100.00		
В.	Plus \$20.00 per 100 amp over 200 Generators and Transfer Switch		
C. D. E.	\$.025 per square foot of building area.  SOLAR FARMS		

# COMMERCIAL MECHANICAL PERMIT FEES (FOR STAND ALONE PERMITS)

A.	New installation and change outs for package units, unit heaters, radiant heaters, etc.;
B.	
C.	Gas Piping\$75.00
D.	Kitchen Hoods, Paint Spray Booths, or other exhaust systems\$75.00
E.	Fuel Storage tanks and dispensers\$75.00 (per tank)
F.	& \$25.00 (per dispenser)  Gas Piping\$50.00
١.	plus \$10.00 for each appliance or equipment connected
G.	Fire Sprinkler Systems See Commercial Fee Schedule for New Construction
H.	Fire Pumps\$100.00
l.	Standpipe without sprinklers\$100.00
	MINIMUM MECHANICAL FEES SHALL BE \$50.00
	COMMERCIAL PLUMBING PERMIT FEES
A.	Installation of new fixtures, water heaters, etc. First fixture \$60.00
В.	Each additional fixture \$10.00 Water and Sewer Service PipingWater & Sewer \$75.00
D.	Water and Sewer Service riping
	Sewer Only \$50.00
C.	Minimum permit fee for unspecified work\$75.00
	FIRE PREVENTION INSPECTION FEES
A.	Alcohol Board of Control Licensing Inspection\$75.00
B.	Assisted Living Facilities, Family Care Homes\$75.00
C.	Day Care Centers\$75.00
D. E.	Fireworks Display \$125.00 Foster Home \$50.00
F.	Temporary Tent Permit\$75.00
G.	Miscellaneous Fire Inspections not covered above \$75.00

### **RESIDENTIAL BUILDING PERMIT FEES**

A. For all one and two-family dwellings including site built and modular, additions, and alterations, the estimated construction cost shall be based on a rate of \$95.00 per square foot of habitable space. Attached carports, garages, decks, porches, and storage/utility rooms shall be estimated at \$30.00 per square foot.

	DETACHED accessory buildings such as carshall be estimated at \$25.00 per square foot.  CONSTRUCTION COST  Up to \$5000.00 \$5001.00 to \$9999.99 \$10,000.00 to \$19,999.99 \$20,000.00 to \$29,999.99 \$30,000.00 to \$39,999.99 \$40,000.00 and above	
B.	Manufactured (Mobile) Homes	Single Wide \$100.00  Double Wide \$150.00  Triple Wide \$175.00
_	*Trade permits per trade permit fee schedule	
C.	Demolition Permits	
D. E.	Swimming Pools	
	RESIDENTIAL ELECTRIC	AL PERMIT FEES
۸	New Construction Manufactured Homes Co	wissa Changas
A.	New Construction, Manufactured Homes, Se Up to 200 amp	
	400 amp	
	Above 400 amp	
	,	plus \$20 per 100 amp above 400 amp
B.	Additional wiring, alterations, & repairs NOT	requiring service changes\$75.00
C.	Generator and Transfer Switch Installations.	
D.	Solar Panel Installations	
	AR II	plus \$5.00 per Module (panel)
	Miscellaneous permits not covered above Re-Inspection Fee	
	•	
	RESIDENTIAL MECHANIC	CAL PERMIT FEES
A.	NEW CONSTRUCTION, ADDITIONS, CHAN	IGE OUTS: (includes duct and gas piping)
	1. Package Units	\$75.00 per unit
	2. Split systems	\$100.00 per system
_		ng\$125.00
В.	EXTENSION OR REPLACE DUCT ONLY	
C.	MANUFACTURED HOMES	•
D.	GAS PIPING	
	(for other than new construction or if installed	by other than same mechanical contractor)

## **RESIDENTIAL PLUMBING PERMIT FEES**

A. New Construction & Additions

	Single Family & Each Unit of Duplex (up to 2 Bathrooms)					
B.	n, Water	Heater				
C.	InstallationsInstallation or Replacement of Water and/or S					\$75.00
	Water and Sewer					
	Water Only					
D.	Miscellaneous Plumbing Work Not Covered Al	oove				\$75.00
E.	Manufactured Homes					\$75.00
DEPA	RTMENT OF SOCIAL SERVICES					
	COUNTY FE	ES				
Fee fo	or Child Support Services for Non-Public Assista	ance Rec	ipients			\$25.00
Fee fo	or Employees for Replacement of ID Badges		· 			\$5.00
Fee fo	or NSF for Returned Checks					\$25.00
	Sliding Fee S For Counsel					
	t Name: Number:					
	al Household Income in Dollars und gross to closest amount)	Nu		People ir Fee in D	n the Hor Oollars	ne
For In	ndividual Counseling	1	2	3	4	5
9,	000 and below	1	1	1	1	1
	0,000 – 19,000	2	2	2	2	2
	1,000 – 29,000 1,000 – 39,000	3 4	3 4	3 4	3	3
	1,000 – 39,000 1,000 – 49,000	4	4	4	3	3
	1,000 and up	5	5	4	3	3
For G	roup Counseling	1	2	3	4	5
9,	000 and below	1	1	1	1	1
	,000 – 19,000	1	1	1	1	1
	1,000 – 29,000 1,000 – 30,000	2	2	2	2	2
	1,000 – 39,000 1,000 – 49,000	3 4	3	3	3	3
	,000 = 49,000 ,000 and up	5	5	5	4	4
	For Family Counseling 1 2 3 4 5					

9,000 and below	1	1	1	1	1
10,000 – 19,000	2	2	1	1	1
20,000 – 29,000	3	3	3	2	2
30,000 – 39,000	3	3	3	3	3
40,000 – 49,000	4	4	4	3	3
50,000 and up	5	5	4	4	4

# Sliding Fee Scale For Evaluation

Client Name: Case Number:

Annual Household Income in Dollars (Round gross to closest amount)	Number of People in the Home with Fee in Dollars				
For Mental Health Assessment	1	2	3	4	5
9,000 and below	1	1	1	1	1
10,000 – 19,000	1	1	1	1	1
20,000 - 29,000	2	1	1	1	1
30,000 - 39,000	2	2	2	2	2
40,000 – 49,000	3	3	3	2	2
50,000 and up	5	4	4	3	3
For Psychological Evaluation	1	2	3	4	5
9,000 and below	1	1	1	1	1
10,000 – 19,000	1	1	1	1	1
20,000 – 29,000	2	2	2	2	2
30,000 – 39,000	3	2	2	2	2
40,000 – 49,000	4	3	3	3	3
50,000 and up	6	5	5	4	4

# ADOPTION FEE POLICY Preplacement Assessments

#### Who must pay a fee:

- 1. Individuals or couples who are requesting an adoptive pre-placement assessment to adopt through an independent placement.
- 2. Individuals or couples who request an adoptive pre-placement assessment in order to adopt through a licensed adoption agency.

#### **Fee Exemptions**

- Prospective adoptive families in which the head of the household is WFFA (formerly AFDC) or SSI recipient
- Prospective adoptive families whose family income is below the State's established Income.

- Prospective adoptive families who have identified an adoptee who us in the custody and
  placement responsibility of a local department of social services and continues to pursue the
  adoption of an identified child.
- Prospective adoptive families who desire to adopt a special need's child as defined by NC Division of Social Services Family Services Manual, Vol, 1, Chapter IV.
- Prospective adoptive families who had begun the pre-placement assessment process before implementation of this policy.
- Wilson County Department of Social Services may exercise its option to reduce or waive the fee after verifying and documenting that the prospective adoptive family cannot pay the fee, or if any other reason exists that would result in the fee becoming a barrier to the adoption.

#### **Updated Preplacement Assessments**

N.C.G.S.48-3-301 requires that Pre-placement Assessment be current within 18 months immediately preceding placement of a minor. Wilson County Department of Social Services will charge an update fee to those families desiring to keep the pre-placement assessment current.

Policy outlined in Pre-Placement Assessments above will apply.

#### **EMERGENCY MEDICAL SERVICES**

BLS Emergency – BLS Emergency includes provision of medically necessary supplies and services as defined by the State. When transporting these patients, the ambulance must be staffed by an individual who is qualified in accordance with State and local laws as an EMT. BLS emergency is an immediate emergency response in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.  BLS Emergency services and transport by ground ambulance
ALS1 Emergency – Advanced Life Support, Level 1 (ALS1) Emergency includes provision of medically necessary supplies and services and the provision of an ALS assessment* or at least one ALS Intervention.** An ALS1 Emergency is an immediate emergency response in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.  ALS1 Emergency services and transport by ground ambulance
ALS response with In-County EMS Provider
Standby Charge – ALS Unit/hr (3-hour minimum charge)\$150
Mileage – Patient loaded miles\$12

\*ALS Assessment – assessment performed by an ALS crew as part of an emergency response that is necessary because the beneficiary's reported condition at the time of dispatch indicates only an ALS crew is qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the beneficiary requires an ALS level of transport. In the case of an appropriately dispatched ALS emergency service, if the ALS crew completes an ALS assessment, the services provided by the ambulance transportation service provider or supplier are covered at the ALS emergency level, regardless of whether the beneficiary required ALS intervention services during the transport, provided the ambulance transportation itself was medically reasonable and necessary and all other coverage requirements are met.

\*\*Advanced Life Support (ALS) intervention - a procedure that, in accordance with State and local laws, is required to be done by an Advanced EMT or a Paramedic. Application: An ALS intervention must be medically necessary to qualify as an intervention for payment for an ALS level of service.

#### **GIS/MAPPING SERVICES**

#### **Tax Maps**

	8.5 x 11	Up to 11 x 17	Up to 17 x 22	Up to 22 x 34	Up to 34 x 44
No Aerial Photo	\$1	\$2	\$2	\$3	\$5
w/Aerial Photo	\$2	\$3	\$4	\$6	\$10

\*\*\* 34 x 44 (as allowed by stock paper supply)

GIS Data Data proved on CD	\$25/CD
*Note: Must fill out the Statement of Distribution Liability to request data.	
Custom Maps & Data Maps (not already made) Data Queries in Excel format (digital or printed)	
*Note: Price decreases if less than one hour	
Copies Plats	
Deeds	\$ 50/page

Wilson	<b>County Health Department 2023</b>	-2024 Denta	Fee	Schedule
		_		
D0400	B. d. F L L	Fee		
D0120	Periodic oral evaluation	53.00		
D0140	Limited oral evaluation	77.00		
D0145	Exam child <3 yrs	69.00		
D0150	Comprehensive Oral Evaluation	91.00		
D0160	Detailed & extensive oral exam	156.00		
D0170	Re-exam limited, prob. focused	73.00		
D0180	Comprehensive perio evaluation	100.00		
D0210	Intraoral-complete series (bw)	136.00		
D0220	Intraoral periapical 1st film	31.00		
D0230	Intraoral-periapical-each add'l	26.00		
D0240	Intraoral-occlusal film	41.00		
D0250	Extraoral-first film	63.00		
D0270	Bitewing-single film	30.00		
D0272	Bitewings-two films	47.00		
D0273	Bitewings 3 films	57.00		
D0274	Bitewings-four films	68.00		
D0277	Vertical bitewings-7 to 8 films	100.00		
D0310	Saliography	367.00		
D0320	TMJ arthrogram, incl injection	572.00		
D0330	Panoramic film	116.00		
D0340	Cephalometric film	121.00		
D0350	Photographic Images Oral/Facial Intra&Extra	70.00		
D0460	Pulp vitality tests	59.00		
D0470	Diagnostic casts	119.00		
D1110	Prophylaxis-Adult	93.00		
D1120	Prophylaxis-child	70.00		
D1206	Fluoride Varnish Application	43.00		
D1310	Nutritional Counseling	66.00		
D1320	Tobacco counseling	76.00		
D1330	Oral hygiene instruction	54.00		
D1351	Sealant-per tooth	57.00		
D1352	Preventive Restoration, Perm Th	113.00		
D1354	Interim Caries Arresting Medicament	80.00		
D1510	Space maint-fixed-unilateral	316.00		
D1515	Space maint-fixed-bilateral	424.00		
D1517	Space maint-fixed-bilateral-mandibular	424.00		
D1520	Space maint-remov-unilateral	386.00		
D1525	Space maint-remov-bilateral	481.00		
D1550	Recementation of space maint	87.00		
D1555	Removal fixed spacemaintainer	84.00		
D2140	Amalgam-1 surf. prim/perm	147.00		
D2150	Amalgam-2 surf. prim/perm	185.00		
D2160	Amalgam-3 surf. prim/perm	229.00		
D2161	Amalgam-4+ surf. prim/perm	267.00		
D2330	Resin-one surface, anterior	171.00		
D2331	Resin, two surf. ant.	208.00		
D2331 D2332	Resin, two surr. ant. Resin-three surfaces, anterior	255.00		
D2332 D2335	Resin-three surfaces, anterior  Resin-4+ w/incis angle-anterior	317.00		
D2335 D2390	Resin base composite crown, ant	463.00		
D2390 D2391				
	Resin-one, posterior	188.00		
D2392	Resin - two surface posterior	237.00		
D2393	Resin -3-surface, posterior	294.00		
D2394	Resin four+ surfaces, posterior	346.00		
D2750	Crown-porc fuse high noble mtl	1,141.00		
D2790	Crown-full cast high noble mtl	1,187.00		
D2910	Recement inlay/onlay/partial	118.00		
D2915	Recemnt cast or prefab pst/cor	118.00		
D2920	Recement crown	118.00		

Wilsor	County Health Department 2	2023-2024 Dental	Fee Schedule
		F	
D0000	Duefels stein steel our mains our	Fee	
D2930	Prefab stain steel crn-primary	272.00	
D2931	Prefab stain steel crown-perm	321.00	
D2932	Prefabricated resin crown	355.00	
D2933	Prefab stl crown w/resin window	365.00	
D2934	Esthetic coated SSC	367.00	
D2940	Protective Restoration	130.00	
D2950	Crown buildup, includ any pins	272.00	
D2951	Pin retention-/tooth, (+ rest)	73.00	
D2952	Cast post &core in add to crown	418.00	
D2954	PreFbPost&Core In Addt to Crown	345.00	
D2980	Crown repair, by report	301.00	
D3110	Pulp cap-direct, (exclud rest)	86.00	
D3120	Pulp cap-indirect,(exclud rest)	86.00	
D3220	Therapeutic pulpotomy(exc rest)	210.00	
D3221	Pulpal debridemnt-prim/perm th	238.00	
D3230	Pulpal therapy-anterior,primary	278.00	
D3240	Pulpal therapy-posterior, prim	307.00	
D3310	Root canal therapy - anterior	769.00	
D3320	Root canal therapy - bicuspid	875.00	
D3330	Root canal therapy - molar	1,055.00	
D3346	Retreat, prev RCT - anterior	883.00	
D3347	Retreat, prev RCT - bicuspid	1,004.00	
D3348	Retreat, prev RCT - molar	1,194.00	
D3351	Apexification/recalcif, initial	371.00	
D3352	Apexification/recalcif, interim	267.00	
D3353	Apexification/recalcif, final	531.00	
D3410	Apicoectomy/Periradic surg-ant	705.00	
D3421	Apicoect/Perirad-bicus/1st root	791.00	
D3425	Apicoect/Perirad-molar/1st root	883.00	
D3426	Apicoect/Perirad (each + root)	413.00	
D3420	Retrograde filling-per root	284.00	
D3450	Root amputation-per root	502.00	
D3430 D3920	· · · · · · · · · · · · · · · · · · ·	255.00	
	Hemisection, no root can ther		
D4210	Gingivectomy-4+ per quadrant	637.00	
D4211	Gingivectomy-1-3 contig th/quad	294.00	
D4240	Ging flap,root pln, 4+ per quad	755.00	
D4249	Clinic crown lengthen-hard tiss	787.00	
D4321	Provisional splinting-extracor	483.00	
D4341	Perio scale&root pln-4+per quad	262.00	
D4342	Perio scale&root pln-1-3th,quad	195.00	
D4355	Full mouth debridemnt,eval/diag	185.00	
D4910	Periodontal maintenance	141.00	
D5110	Complete denture - maxillary	1,773.00	
D5120	Complete denture - mandibular	1,777.00	
D5130	Immediate denture - maxillary	1,883.00	
D5140	Immediate denture - mandibular	1,893.00	
D5211	Maxillary Partial Resin Base	1,411.00	
D5212	Mandibular partial - resin base	1,406.00	
D5213	Maxil partial-metal Base W/sdls	1,821.00	
D5214	Mand partial-metal base w/sdls	1,826.00	
D5410	Adjust complete denture-maxil	92.00	
D5411	Adjust complete denture-mand	91.00	
D5421	Adjust partial denture-maxil	91.00	
D5422	Adjust partial denture-mand	91.00	
D5630	Repair or replace broken clasp	276.00	
D5640	Replace broken teeth-per tooth	263.00	
D5650	Add tooth to exist part denture	236.00	
D5660	Add clasp, exist part denture	272.00	
טסטטר	Aud dasp, exist part denture	212.00	

Wilson	County Health Department 2023-	2024 Dental	Fee Schedule
	-		
		Fee	
D5710	Rebase complete maxil denture	602.00	
D5711	Rebase complete mand denture	583.00	
D5720	Rebase maxil partial denture	579.00	
D5721	Rebase mand partial denture	580.00	
D5730	Reline complete maxil-chairside	387.00	
D5731	Reline complete mand-chairside	386.00	
D5740	Reline maxil partial-chairside	374.00	
D5741	Reline mand partial-chairside	377.00	
D5750	Reline complete maxillary (lab)	479.00	
D5751	Reline complete mand (lab)	483.00	
D5760	Reline maxillary partial (lab)	475.00	
D5761	Reline mandibular partial (lab)	576.00	
D5820	Interim partial denture (maxil)	727.00	
D5850	Tissue condition, maxillary	215.00	
D5851	Tissue condition, mandibular	212.00	
D5899	Unspecified remove prosth, B/R	899.00	
D6985	Pediatric part'l denture, fixed	875.00	
D7140	Extract,erupted th/exposed rt	185.00	
D7210	Extraction-surgical/erupt tooth	286.00	
D7220	Extraction-impacted/soft tis	325.00	
D7230	Extraction-impacted/part bony	404.00	
D7240	Extraction-impacted/compl bony	488.00	
D7241	Remov impact-comp bony w/ comp	562.00	
D7250	Surgic removl resid tooth root	309.00	
D7260	Oral antral fistula closure	1,145.00	
D7270	Stabilization / Reimplantation	571.00	
D7280	Surgical access unreupted tooth	483.00	
D7285	Biopsy of oral tissue-hard	461.00	
D7286	Biopsy of oral tissue-soft	340.00	
D7310	Alveoloplasty w/extract /quad	303.00	
D7311	Alveoloplasty w/ext 1-3 th/quad	312.00	
D7320	Alveoloplasty w/o extract /quad	440.00	
D7321	Alveolopisty w/o ex 1-3 th/quad	426.00	
D7340	Vestibuloplasty-ridge ext -2nd	1,184.00	
D7350	Vestiplasty-ridge ext (inc)	2,310.00	
D7410	Excision benign lesion<=1.25cm	419.00	
D7411	Excision benign lesion>1.25 cm	628.00	
D7440	Ex malig tumor-diam <= 1.25 cm	735.00	
D7441	Ex malig tumor-diam > 1.25 cm	1,354.00	
D7450	Rem benign odont-diam<=1.25cm	619.00	
D7451	Rem benign odont-diam>1.25 cm	835.00	
D7460	Rem benign nonodont-di<=1.25cm	571.00	
D7461	Rem benign nonodont-diam>1.25cm	931.00	
D7473	Removal of torus mandibularis	837.00	
D7490	Rad resectn-maxilla or mandible	7,263.00	
D7510	Incis&drain abscess-intra soft	250.00	
D7520	Incis&drain abscess-extra soft	473.00	
D7530	Remove foreign body from tissue	364.00	
D7540	Remove foreign body from bone	665.00	
D7550	Partial ostect/sequestrectomy	571.00	
D7610	Maxilla-open red (teeth immob)	4,264.00	
D7620	Maxilla-closed red(teeth immob)	3,337.00	
D7630	Mandible-open red (teeth immob)	4,395.00	
D7640	Mandible-closed red (th immob)	3,376.00	
D7650	Malar/zygomat arch-open reduc	3,643.00	
D7660	Malar/zygo arch-closed reduc	3,097.00	
D7670	Alveolus-closed reduction	1,683.00	
D7680	Facial bone-complicated reduct	6,474.00	
2.000	i adiai bono complicatou roduct	0,777.00	

Wilson	<b>County Health Department</b>	2023-2024 Dental	Fee Schedule
		Fee	
D7710	Maxilla-open reduction	4,417.00	
D7720	Maxilla-closed reduction	3,369.00	
D7730	Mandible-open reduction	4,670.00	
D7740	Mandible-closed reduction	3,418.00	
D7750	Malar/zygomatic arch-open red	4,070.00	
D7760	Malar/zygomatic arch-close red	5,845.00	
D7770	Alveolus-stabilize teeth, open	2,672.00	
D7780	Facial bones-complicated reduc	8,819.00	
D7810	Open reduction of dislocation	4,356.00	
D7820	Closed reduction of dislocate	656.00	
D7830	Manipulation under anesthesia	1,002.00	
D7910	Suture of small wounds to 5cm	308.00	
D7911	Complicated suture-up to 5 cm	517.00	
D7912	Complicated suture-over 5 cm	820.00	
D7920	Skin grafts, by report	2,735.00	
D7955	Rpr maxillofac soft/hard tissue	3,378.00	
D7960	Frenulectomy-separate procedur	453.00	
D7971	Excision-pericoronal ging /arch	273.00	
D7980	Sialolithotomy	824.00	
D7990	Emergency tracheotomy	1,803.00	
D7999	Unspecified oral surg proc, B/R	432.00	
D8080	Comprehensive ortho, adolescent	5,098.00	
D8670	Periodic ortho visit (contract)	267.00	
D8680	Orthodontic retention	516.00	
D8691	Repair of orthodontic appliance	220.00	
D8999	Unspec ortho procedure, B/R	355.00	
D9110	Emerg treatment, palliative	131.00	
D9210	Local anesthesia not op/surg	75.00	
D9215	Local anesthesia	65.00	
D9230	Analgesia	79.00	
D9310	Consult Only	132.00	
D9410	House/extended care facility	234.00	
D9420	Hospital Call	308.00	
D9440	Office visit-after regular hrs	178.00	
D9610	Therapeutic drug injection, B/R	107.00	
D9630	Other drugs/medicaments, B/R	39.00	
D9910	Application of desensitize med	62.00	
D9940	Occlusal guards, by report	593.00	

# Wilson County Health Department Fee Schedule effective 7/1/2023

Name	Fee
Immunization administration by intramusc	\$65.00
Immunization administration by intramusc	\$65.00
ADM SARSCOV2 30MCG/0.3ML 3RD	\$65.00
ADM SARSCOV2 30MCG/0.3ML BST	\$65.00
Immunization administration by intramusc	\$65.00
Immunization administration by intramusc	\$65.00
Immunization administration by intramusc	\$65.00
ADM SARSCV2 30MCG TRS-SUCR 1	\$65.00
ADM SARSCV2 30MCG TRS-SUCR 2	\$65.00
ADM SARSCV2 30MCG TRS-SUCR 3	\$65.00
ADM SARSCV2 30MCG TRS-SUCR B	\$65.00
ADM SARSCOV2 50MCG/0.25MLBST	\$65.00
ADM SARSCV2 10MCG TRS-SUCR 1	\$65.00
ADM SARSCV2 10MCG TRS-SUCR 2	\$65.00
ADM SARSCV2 10MCG TRS-SUCR 3	\$65.00
ADM SARSCV2 10MCG TRS-SUCR B	\$65.00
ADM SARSCV2 3MCG TRS-SUCR 1	\$65.00
ADM SARSCV2 3MCG TRS-SUCR 2	\$65.00

ADM SARSCV2 3MCG TRS-SUCR 3	\$65.00
ADM SARSCV2 BVL 30MCG/.3ML B	\$65.00
ADM SARSCV2 BVL 50MCG/.5ML B	\$65.00
ADM SARSCV2 BVL 10MCG/.2ML B	\$65.00
ADM SARSCV2 BVL 3MCG/0.2ML 3	\$65.00
Drainage of skin abscess	\$140.00
Drainage of skin abscess	\$220.00
Removal of skin tags	\$125.00
Remove skin tags add-on	\$25.00
Exc tr-ext b9+marg 0.5 < cm	\$140.00
Exc tr-ext b9+marg 0.6-1 cm	\$175.00
Exc tr-ext b9+marg 1.1-2 cm	\$185.00
Exc tr-ext b9+marg 2.1-3 cm	\$210.00
Insert drug implant device	\$155.00
Remove drug implant device	\$180.00
Remove/insert drug implant	\$260.00
Repair superficial wound(s)	\$170.00
Destroy benign/premlg lesion	\$125.00
Destroy lesions, 15 or more	\$200.00
Destruct lesion, 1-14	\$200.00
Destruct lesion, 15 or more	\$150.00

Chemical cauterization of granulation ti	\$130.00
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Cryotherapy of skin	\$80.00
Drain/inject, joint/bursa	\$65.00
Drain/inject, joint/bursa	\$70.00
Drain/inject, joint/bursa	\$85.00
Excision, tumor, soft tissue of forearm	\$550.00
Treatment of foot infection	\$16.00
Remove nasal foreign body	\$250.00
Routine Venipuncture	\$11.00
Capillary Blood Draw or Fingerstick	\$5.00
Insert bladder catheter	\$95.00
Destruction, penis lesion(s)	\$150.00
Cryosurgery, penis lesion(s)	\$200.00
Destroy, vulva lesions, sim	\$200.00
Destroy vag lesions, simple	\$180.00
Insert intrauterine device	\$145.00
Remove intrauterine device	\$175.00
Antepartum care only	\$600.00
Antepartum care only	\$1,200.00
Care after delivery	\$200.00
Clear outer ear canal	\$150.00

Remove impacted ear wax  Comprehen metabolic panel LABCORP ONLY  Comprehen metabolic panel LABCORP ONLY  Lipid panel LABCORP ONLY  Renal function panel  Acute hepatitis panel  Hepatic function panel LABCORP ONLY  Assay, dipropylacetic acid  Assay of phenytoin, total  Urinalysis, With Microscopic  Urine pregnancy test  CFTR (cystic fibrosis transmembrane cond  \$60  \$60  \$60  \$60  \$60  \$60  \$60	20.00
Comprehen metabolic panel LABCORP ONLY  Comprehen metabolic panel LABCORP ONLY  Lipid panel LABCORP ONLY  Renal function panel  Acute hepatitis panel  Hepatic function panel LABCORP ONLY  Assay, dipropylacetic acid  Assay of phenytoin, total  Urinalysis, With Microscopic  Urine pregnancy test  CFTR (cystic fibrosis transmembrane cond  \$300	5.00
Comprehen metabolic panel LABCORP ONLY  Lipid panel LABCORP ONLY  Renal function panel  Acute hepatitis panel  Hepatic function panel LABCORP ONLY  Assay, dipropylacetic acid  Assay of phenytoin, total  Urinalysis, With Microscopic  Urinalysis Without Microscopic  S13  CFTR (cystic fibrosis transmembrane cond  \$300	0.00
Lipid panel LABCORP ONLY  Renal function panel  Acute hepatitis panel  Hepatic function panel LABCORP ONLY  Assay, dipropylacetic acid  Assay of phenytoin, total  Urinalysis, With Microscopic  Urinalysis Without Microscopic  S13  CFTR (cystic fibrosis transmembrane cond  \$26  \$375  \$36  \$375  \$3	0.00
Lipid panel LABCORP ONLY  Renal function panel  Acute hepatitis panel  Hepatic function panel LABCORP ONLY  Assay, dipropylacetic acid  Assay of phenytoin, total  Urinalysis, With Microscopic  Urinalysis Without Microscopic  S13  CFTR (cystic fibrosis transmembrane cond  \$26  \$375  \$36  \$375  \$3	0.56
Acute hepatitis panel \$75  Hepatic function panel LABCORP ONLY \$15  Assay, dipropylacetic acid \$50  Assay of phenytoin, total \$30  Urinalysis, With Microscopic \$13  Urinalysis Without Microscopic \$11  Urine pregnancy test \$25  CFTR (cystic fibrosis transmembrane cond \$300	26.00
Hepatic function panel LABCORP ONLY  Assay, dipropylacetic acid  Assay of phenytoin, total  Urinalysis, With Microscopic  Urinalysis Without Microscopic  Urine pregnancy test  CFTR (cystic fibrosis transmembrane cond  \$300	5.00
Assay, dipropylacetic acid  Assay of phenytoin, total  Urinalysis, With Microscopic  Urinalysis Without Microscopic  Urine pregnancy test  CFTR (cystic fibrosis transmembrane cond  \$50  \$30  \$30  \$30  \$30  \$30  \$30  \$30	<b>'</b> 5.00
Assay of phenytoin, total \$30 Urinalysis, With Microscopic \$13 Urinalysis Without Microscopic \$11 Urine pregnancy test \$25 CFTR (cystic fibrosis transmembrane cond \$300	5.00
Urinalysis, With Microscopic \$13 Urinalysis Without Microscopic \$11 Urine pregnancy test \$25 CFTR (cystic fibrosis transmembrane cond \$300	0.00
Urinalysis Without Microscopic \$11 Urine pregnancy test \$25  CFTR (cystic fibrosis transmembrane cond \$300	0.00
Urine pregnancy test \$25  CFTR (cystic fibrosis transmembrane cond \$300	3.00
CFTR (cystic fibrosis transmembrane cond \$300	1.00
	25.00
F5 (coagulation Factor V) (eg, hereditar \$150	00.00
	0.00
SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOME \$143	3.00
FETAL CHRMOML ANEUPLOIDY \$400	00.00
Fetal congenital abnormalities, biochemi \$120	20.00
Assay of acth \$100	0.00
urine(eg, microalbumin), quantitative \$11	1.00
Assay of aldosterone \$77	7.00

AFP, serum	\$45.00
Vaginal Amine Test	\$10.00
Assay of amylase	\$13.00
Bile acids, total	\$50.00
Bilirubin, total	\$10.00
Difference of the second	Ф40.00
Bilirubin, direct	\$10.00
Occult blood, other sources	\$10.00
Faral Ossalt Bland	Ф40.00
Fecal Occult Blood	\$12.00
Vitamin D; 25 hydroxy, includes fraction	\$56.00
Account only to	Ф00.00
Assay of calcium	\$26.00
Assay of carotene	\$20.00
Assay, bld/serum cholesterol	\$9.00
Assay, blu/serum cholesterol	
Cortisol, free	\$32.00
Total cortisol	\$31.00
Total Cortisor	
Assay of ck (cpk)	\$13.00
Assay of cpk in blood	\$26.00
	420.00
Assay of urine creatinine LABCORP ONLY	\$10.00
Creatinine clearance test	\$18.00
Vitamin B-12	\$29.00
Dehydroepiandrosterone	\$48.00
Debydrooniandroctorano	\$42.00
Dehydroepiandrosterone	\$42.00
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Vitamin D; 1, 25 dihydroxy, includes fra	\$72.00
Assay of estradiol	\$45.00
Assay of estriol	\$46.00
Assay of ferritin	\$26.00
Blood folic acid serum	\$28.00
Glucose	\$10.00
Glucose	\$10.00
Glucose 1 hour screen	\$10.00
3 Hour Glucose Tolerance Test	\$25.00
Glucose; tolerance test, each additional	\$10.00
Glucose blood test	\$5.00
Gonadotropin (FSH)	\$35.00
Gonadotropin (LH)	\$35.00
Hemoglobin electrophoresis STATE LAB	\$24.00
Hemoglobin chromotography	\$34.00
Hemoglobin A1C LABCORP ONLY	\$19.00
Assay of homocystine	\$50.00
Assay of insulin	\$22.00
Assay of iron	\$13.00
Iron binding test	\$17.00
Lactate (LD) (LDH) enzyme LABCORP ONLY	\$12.00

Blood Lead STATE LAB	\$23.00
Assay of lipase	\$13.00
Assay of blood lipoprotein	\$18.00
Assay of magnesium	\$13.00
Natriuretic peptide	\$64.00
Assay of parathormone	\$78.00
Assay of phosphorus	\$9.00
Assay of progesterone	\$39.00
Assay of prolactin	\$37.00
Assay of psa, total	\$35.00
Assay of protein, serum	\$15.00
Assay of protein, urine LABCORP ONLY	\$10.00
Protein e-phoresis, serum	\$34.00
Assay of vitamin b-6	\$50.00
Assay of renin	\$42.00
Assay of testosterone	\$48.00
Assay of total testosterone	\$49.00
Assay of vitamin b-1 LABCORP TEST	\$50.00
Assay of total thyroxine LABCORP ONLY	\$11.00
Assay of free thyroxine	\$17.00
Assay thyroid stim hormone LABCORP ONLY	\$40.00
Assay of tsi	\$96.00

Assay of thyroid (t3 or t4) LABCORP ONL  Free assay (FT-3)  Assay of troponin, quant  Assay of blood/uric acid  Assay of urine/uric acid  Serum Pregnancy Test LABCORP ONLY  Hemoglobin  Complete cbc w/auto diff wbc LABCORP ONL  Automated reticulocyte count  Ddimer  Fibrinogen  PTT LABCORP ONLY  Sedimentation rate erythrocte  RBC sickle cell test  Thromboplastin time, partial  Antinuclear antibodies  Antistreptolysin o, screen  \$10.00  \$20.00  \$10.00  \$10.00  \$11.00  \$10.00  \$10.00  \$10.00  \$10.00  \$10.00  \$10.00	Account of transferring	\$28.00
Free assay (FT-3)  Assay of troponin, quant  Assay of blood/uric acid  Assay of urine/uric acid  Serum Pregnancy Test LABCORP ONLY  Hemoglobin  Complete cbc w/auto diff wbc LABCORP ONL  Automated reticulocyte count  Ddimer  Fibrinogen  PTT LABCORP ONLY  Sedimentation rate erythrocte  RBC sickle cell test  Thromboplastin time, partial  Antinuclear antibodies  Antistreptolysin o, screen  C-reactive protein  \$50.00  \$30.00  \$11.00  \$20.00  \$11.00  \$20.00  \$11.00  \$20.00  \$11.00  \$20.00  \$	Assay of transferrin	\$28.00
Assay of troponin, quant  Assay of blood/uric acid  \$10.00 Assay of urine/uric acid  \$10.00 Serum Pregnancy Test LABCORP ONLY  Hemoglobin  \$11.00 Complete cbc w/auto diff wbc LABCORP ONL  Automated reticulocyte count  Ddimer  \$50.00 Fibrinogen  \$16.00 PTT LABCORP ONLY  \$8.00 Sedimentation rate erythrocte  RBC sickle cell test  Thromboplastin time, partial  Antinuclear antibodies  Antistreptolysin o, screen  \$10.00 C-reactive protein  \$10.00 \$	Assay of thyroid (t3 or t4) LABCORP ONL	\$20.00
Assay of blood/uric acid \$10.00  Assay of urine/uric acid \$10.00  Serum Pregnancy Test LABCORP ONLY \$20.00  Hemoglobin \$11.00  Complete cbc w/auto diff wbc LABCORP ONL \$15.00  Automated reticulocyte count \$10.00  Ddimer \$50.00  Fibrinogen \$16.00  PTT LABCORP ONLY \$8.00  Sedimentation rate erythrocte \$7.00  RBC sickle cell test \$10.00  Antinuclear antibodies \$25.00  Antistreptolysin o, screen \$10.00  C-reactive protein \$10.00	Free assay (FT-3)	\$30.00
Assay of urine/uric acid \$10.00  Serum Pregnancy Test LABCORP ONLY \$20.00  Hemoglobin \$11.00  Complete cbc w/auto diff wbc LABCORP ONL \$15.00  Automated reticulocyte count \$10.00  Ddimer \$50.00  Fibrinogen \$16.00  PTT LABCORP ONLY \$8.00  RBC sickle cell test \$10.00  Antinuclear antibodies \$25.00  Antistreptolysin o, screen \$10.00  C-reactive protein \$10.00	Assay of troponin, quant	\$50.00
Serum Pregnancy Test LABCORP ONLY         \$20.00           Hemoglobin         \$11.00           Complete cbc w/auto diff wbc LABCORP ONL         \$15.00           Automated reticulocyte count         \$10.00           Ddimer         \$50.00           Fibrinogen         \$16.00           PTT LABCORP ONLY         \$8.00           Sedimentation rate erythrocte         \$7.00           RBC sickle cell test         \$10.00           Thromboplastin time, partial         \$12.00           Antinuclear antibodies         \$25.00           Antistreptolysin o, screen         \$10.00           C-reactive protein         \$10.00	Assay of blood/uric acid	\$10.00
Hemoglobin \$11.00 Complete cbc w/auto diff wbc LABCORP ONL \$15.00 Automated reticulocyte count \$10.00 Ddimer \$50.00 Fibrinogen \$16.00 PTT LABCORP ONLY \$8.00 Sedimentation rate erythrocte \$7.00 RBC sickle cell test \$10.00 Thromboplastin time, partial \$12.00 Antinuclear antibodies \$25.00 Antistreptolysin o, screen \$10.00 C-reactive protein \$10.00	Assay of urine/uric acid	\$10.00
Hemoglobin \$11.00  Complete cbc w/auto diff wbc LABCORP ONL \$15.00  Automated reticulocyte count \$10.00  Ddimer \$50.00  Fibrinogen \$16.00  PTT LABCORP ONLY \$8.00  Sedimentation rate erythrocte \$7.00  RBC sickle cell test \$10.00  Thromboplastin time, partial \$12.00  Antinuclear antibodies \$25.00  Antistreptolysin o, screen \$10.00  C-reactive protein \$10.00	Serum Pregnancy Test LABCORP ONLY	\$20.00
Complete cbc w/auto diff wbc LABCORP ONL  Automated reticulocyte count  Ddimer  \$50.00  Fibrinogen  \$16.00  PTT LABCORP ONLY  Sedimentation rate erythrocte  RBC sickle cell test  Thromboplastin time, partial  Antinuclear antibodies  Antistreptolysin o, screen  \$10.00  C-reactive protein	Hemoglobin	\$11.00
Automated reticulocyte count \$10.00  Ddimer \$50.00  Fibrinogen \$16.00  PTT LABCORP ONLY \$8.00  Sedimentation rate erythrocte \$7.00  RBC sickle cell test \$10.00  Thromboplastin time, partial \$12.00  Antinuclear antibodies \$25.00  Antistreptolysin o, screen \$10.00  C-reactive protein \$10.00	Hemoglobin	\$11.00
Ddimer \$50.00 Fibrinogen \$16.00 PTT LABCORP ONLY \$8.00 Sedimentation rate erythrocte \$7.00 RBC sickle cell test \$10.00 Thromboplastin time, partial \$12.00 Antinuclear antibodies \$25.00 Antistreptolysin o, screen \$10.00 C-reactive protein \$10.00	Complete cbc w/auto diff wbc LABCORP ONL	\$15.00
Fibrinogen \$16.00  PTT LABCORP ONLY \$8.00  Sedimentation rate erythrocte \$7.00  RBC sickle cell test \$10.00  Thromboplastin time, partial \$12.00  Antinuclear antibodies \$25.00  Antistreptolysin o, screen \$10.00  C-reactive protein \$10.00	Automated reticulocyte count	\$10.00
PTT LABCORP ONLY  Sedimentation rate erythrocte  RBC sickle cell test  Thromboplastin time, partial  Antinuclear antibodies  Antistreptolysin o, screen  C-reactive protein  \$8.00  \$7.00  \$7.00  \$10.00  \$10.00  \$10.00  \$10.00	Ddimer	\$50.00
Sedimentation rate erythrocte \$7.00  RBC sickle cell test \$10.00  Thromboplastin time, partial \$12.00  Antinuclear antibodies \$25.00  Antistreptolysin o, screen \$10.00  C-reactive protein \$10.00	Fibrinogen	\$16.00
RBC sickle cell test \$10.00  Thromboplastin time, partial \$12.00  Antinuclear antibodies \$25.00  Antistreptolysin o, screen \$10.00  C-reactive protein \$10.00	PTT_LABCORP ONLY	\$8.00
Thromboplastin time, partial \$12.00  Antinuclear antibodies \$25.00  Antistreptolysin o, screen \$10.00  C-reactive protein \$10.00	Sedimentation rate erythrocte	\$7.00
Antinuclear antibodies \$25.00 Antistreptolysin o, screen \$10.00 C-reactive protein \$10.00	RBC sickle cell test	\$10.00
Antistreptolysin o, screen \$10.00  C-reactive protein \$10.00	Thromboplastin time, partial	\$12.00
C-reactive protein \$10.00	Antinuclear antibodies	\$25.00
	Antistreptolysin o, screen	\$10.00
	C-reactive protein	\$10.00
Complement, antigen \$24.00	Complement, antigen	\$24.00

DNA antibody	\$38.00
Nuclear antigen antibody	\$50.00
Fluorescent antibody, screen	\$25.00
Immunoassay, tumor, ca 125	\$50.00
Mono Test	\$15.00
Hepatitis B Antibody	\$40.00
Inhibin A	\$65.00
T cell, absolute count	\$50.00
Microsomal antibody	\$80.00
Rabies Titer test	\$90.00
Rheumatoid factor test	\$15.00
RA rheumatoid arthritis titer LABCORP O	\$15.00
Tuberculosis test, cell mediated immunit	\$90.00
PPD Private Supply	\$35.00
Syphilis test RPR STATE LAB	\$7.00
Syphilis Test, RPR Quantitative	\$15.00
Lyme disease antibody	\$30.00
Borrelia antibody	\$30.00
Epstein-barr antibody	\$36.00
Epstein-barr antibody	\$36.00
Helicobacter pylori LABCORP ONLY	\$30.00

Herpes simplex test	\$30.00
Herpes simplex type 2	\$50.00
Rapid HIV	\$25.00
Hep b core antibody, total	\$30.00
Hep b surface antibody LABCORP ONLY	\$30.00
Hep a antibody, total	\$25.00
Hep a antibody, igm	\$25.00
Mumps antibody LABCORP ONLY	\$30.00
Parvovirus antibody	\$50.00
Rickettsia antibody	\$35.00
Rubella antibody STATE LAB	\$30.00
Rubeola antibody LABCORP ONLY	\$30.00
Antibody; severe acute respiratory syndr	\$50.00
TPPA STATE LAB	\$25.00
Varicella-zoster antibody LABCORP ONLY	\$30.00
Thyroglobulin antibody	\$30.00
Hepatitis C Virus STATE LAB	\$30.00
Hep c ab test, confirm	\$40.00
RBC antibody screen LABCORP ONLY	\$25.00
RBC antibody identification	\$40.00
Blood typing, ABO LABCORP ONLY	\$10.00

Blood typing, Rh (D)	\$10.00
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Blood typing, RBC antigens	\$10.00
Feces culture, bacteria STATE LAB	\$25.00
Culture, bacteria, other LABCORP ONLY	\$25.00
Cultr bacteria, except blood LABCORP ON	\$25.00
Urine Culture	\$20.00
GC Culture or Group B Strep	\$20.00
Urine Culture LABCORP ONLY	\$20.00
Skin fungi culture	\$20.00
Group B Strep LABCORP ONLY	\$47.00
Culture, typing; identification by nucle	\$50.00
Ova and parasites smears STATE LAB	\$20.00
Stat Male GC Smear	\$20.00
Smear, special stain LABCORP ONLY	\$20.00
Wet Mount	\$15.00
Virus inoculation, tissue viral culture	\$35.00
Clostridium ag, eia	\$24.00
Hpylori, stool, eia	\$25.00
Hepatitis b surface ag, eia STATE LAB	\$20.00
HIV STATE LAB	\$35.00
Influenza a/b, ag, eia	\$30.00

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Quick Covid Antigen Test	\$50.00
Chlamydia Probe STATE LAB	\$45.00
Cytomeg, dna, amp probe	\$120.00
Infectious agent detection by nucleic ac	\$60.00
Infectious agent detection by nucleic ac	\$80.00
Hsv, dna, amp probe	\$50.00
GC Probe	\$50.00
Covid 19 PCR	\$75.00
Covid-19, Flu A&B, RSV	\$200.00
Zika Test STATE LAB	\$50.00
Rapid Flu	\$25.00
Rapid RSV	\$25.00
SARS COV 2 COVID 19 WITH OPTIC	\$50.00
Rapid Strep Test A	\$25.00
Cytopath, c/v, index add-on	\$25.00
Pap Smear LABCORP ONLY	\$50.00
Tissue exam by pathologist skin	\$100.00
Rh ig, full-dose, im	\$130.00
Immunization admin	\$25.00
Immunization admin, each add	\$20.00
Immune admin oral/nasal	\$20.00

Immune admin oral/nasal addl	\$20.00
Meningococcal conjugate vaccine, serogro	\$190.00
Meningococcal Grp B Bexsero	\$240.00
Hep a vaccine, adult im	\$100.00
Hep a vacc, ped/adol, 2 dose	\$55.00
Hep a/hep b vacc, adult im	\$125.00
Hib vaccine, prp-omp, im	\$40.00
Hib vaccine, prp-t, im	\$21.00
Human Papillomavirus vaccine types 6, 11	\$320.00
High-Dose Influenza Quadrivalent	\$90.00
Pneumococcal conjugate vaccine, 13 valen	\$275.00
Rabies vaccine, im	\$400.00
Rotavirus vacc 3 dose, oral	\$120.00
Influenza virus vaccine, quadrivalent, s	\$25.00
Influenza virus vaccine, quadrivalent, s	\$25.00
Influenza virus vaccine, quadrivalent, s	\$25.00
Influenza virus vaccine, quadrivalent, s	\$25.00
Typhoid vaccine, im	\$100.00
Diphtheria, tetanus toxoids, acellular p	\$70.00
Dtap vaccine, < 7 yrs, im	\$0.00
Dtap vaccine, < 7 yrs, im	\$40.00

Mmr vaccine, sc	\$120.00
Willia Vaccino, co	Ψ120.00
Mmrv vaccine, sc	\$300.00
Poliovirus, ipv, sc/im	\$50.00
Td vaccine no prsrv /= 7 im	\$45.00
Tdap vaccine 7 im	\$60.00
Chicken pox vaccine, sc	\$200.00
Yellow fever vaccine, sc	\$150.00
Dtap-hep b-ipv vaccine, im	\$110.00
Pneumococcal vaccine	\$150.00
Japanese encephalitis virus vaccine, ina	\$300.00
Hepatitis B vaccine, adult dosage (2 dos	\$175.00
Hepb vacc ped/adol 3 dose im	\$40.00
Hepatitis B vaccine, adult dosage (3 dos	\$85.00
Zoster (shingles) vaccine (HZV), recombi	\$200.00
Psychiatric diagnostic evaluation	\$200.00
Psychotherapy, 30 minutes with patient a	\$60.00
Psychotherapy, 45 minutes with patient a	\$100.00
Psychotherapy, 60 minutes with patient a	\$120.00
Psychotherapy for crisis; first 60 minut	\$170.00
Pure tone hearing test, air	\$15.00
Distortion product evoked otoacoustic em	\$55.00

Electrocardiogram, complete EKG ECG  Electrocardiogram, tracing	\$35.00 \$75.00
Electrocardiogram, tracing	\$75.00
Electrocardiogram report	\$15.00
Vital capacity test	\$31.00
Airway inhalation treatment	\$25.00
Evaluate pt use of inhaler	\$36.00
Measure blood oxygen level	\$6.00
Measure blood oxygen level	\$6.00
Immunotherapy, one injection	\$20.00
Immunotherapy injections	\$30.00
Developmental screening, with interpreta	\$20.00
BRIEF EMOTIONAL/BEHAV ASSMT	\$8.00
Health behavior assessment, or re-assess	\$150.00
Health behavior intervention, individual	\$71.00
Health behavior intervention, individual	\$115.00
Health behavior intervention, individual	\$25.00
Health behavior intervention, individual	\$40.00
HEADSSS	\$8.00
Administration of caregiver-focused heal	\$10.00
Therapeutic, prophylactic, or diagnostic	\$30.00
Debridement (eg, high pressure waterjet	\$120.00

Medical nutrition, indiv, in	\$45.00
intedical flutition, indiv, in	\$45.00
Med nutrition, indiv, subseq	\$45.00
Medical nutrition, group	\$20.00
Handling and/or conveyance of specimen f	\$10.00
Supplies and materials (except spectacle	\$15.00
Visual acuity screen	\$11.00
Office or other outpatient visit for the	\$100.00
OFFICE O/P NEW SF 15-29 MIN	\$150.00
OFFICE O/P NEW LOW 30-44 MIN	\$180.00
OFFICE O/P NEW MOD 45-59 MIN	\$250.00
OFFICE O/P NEW HI 60-74 MIN	\$300.00
OFFICE O/P EST MINIMAL PROB	\$50.00
OFFICE O/P EST SF 10-19 MIN	\$88.00
OFFICE O/P EST LOW 20-29 MIN	\$150.00
OFFICE O/P EST MOD 30-39 MIN	\$200.00
OFFICE O/P EST HI 40-54 MIN	\$250.00
Office consultation for a new or establi	\$50.00
Office consultation for a new or establi	\$130.00
Office consultation for a new or establi	\$180.00
Office consultation for a new or establi	\$250.00
Office consultation for a new or establi	\$300.00

Prev visit, new, infant	\$150.00
Prev visit, new, age 1-4	\$160.00
Prev visit, new, age 5-11	\$180.00
Prev visit, new, age 12-17	\$200.00
Prev visit, new, age 18-39	\$200.00
Prev visit, new, age 40-64	\$250.00
Prev visit, new, 65 & over	\$260.00
Prev visit, est, infant	\$150.00
Prev visit, est, age 1-4	\$150.00
Prev visit, est, age 5-11	\$160.00
Prev visit, est, age 12-17	\$200.00
Prev visit, est, age 18-39	\$200.00
Prev visit, est, age 40-64	\$215.00
Prev visit, est, 65 & over	\$220.00
Smoking and tobacco use cessation counse	\$20.00
Smoking and tobacco use cessation counse	\$35.00
Alcohol and/or substance (other than tob	\$45.00
Alcohol and/or substance (other than tob	\$90.00
Prolonged office or other outpatient eva	\$90.00
Online digital evaluation and management	\$95.00
Telephone evaluation and management serv	\$70.00

Telephone evaluation and management serv	\$100.00
Telephone evaluation and management serv	\$145.00
DOT PHYSICAL	\$90.00
Transitional Care Management Services wi	\$250.00
Transitional Care Management Services wi	\$350.00
Nebulizer administration set	\$5.00
Disposable corrugated tubing	\$20.00
Misc/exper non-prescript dru	\$10.00
Oral evaluation, pt up to 3yrs 6mths	\$60.00
topical application of fluoride varnish	\$50.00
Admin influenza virus vac	\$40.00
Admin pneumococcal vaccine	\$40.00
Admin hepatitis b vaccine	\$40.00
CA screen;pelvic/breast exam	\$60.00
Prostate ca screening; dre	\$35.00
Diab manage trn per indiv	\$52.00
Diab manage trn ind/group	\$25.00
Screen c/v thin layer by MD	\$32.00
Trim nail(s)	\$25.00
Scr c/v cyto,autosys and md	\$32.00
Wound closure by adhesive	\$100.00

Oth resp proc, indiv	\$25.00
Oth resp proc, group	\$25.00
Initial foot exam pt lops	\$100.00
Followup eval of foot pt lop	\$70.00
Routine footcare pt w lops	\$70.00
Demonstration, prior to initiation of ho	\$260.00
Provide test material,equipm	\$105.00
MD review interpret of test	\$20.00
Removal of impacted wax md	\$65.00
MNT subs tx for change dx	\$45.00
Elec stim unattend for press	\$20.00
Elec stim other than wound	\$20.00
MD service required for PMD	\$15.00
Alcohol and/or substance (other than tob	\$50.00
Alcohol and/or substance (other than tob	\$85.00
Initial preventive physical examination;	\$200.00
Electrocardiogram, routine ECG with 12 l	\$20.00
Electrocardiogram, routine ECG with 12 l	\$10.00
Electrocardiogram, routine ECG with 12 l	\$15.00
Social work and psychological services,	\$20.00
Face-to-face educational services relate	\$150.00

Face-to-face educational services relate	\$40.00
INFECTIOUS AGENT ANTIBODY DETECTION BY E	\$40.00
INFECTIOUS AGENT ANTIBODY DETECTION BY E	φ40.00
INFECTIOUS AGENT ANTIBODY DETECTION BY R	\$20.00
Annual wellness visit; includes a person	\$337.00
Annual wellness visit, includes a person	\$175.00
Annual alcohol misuse screening, 15 minu	\$25.00
Brief face-to-face behavioral counseling	\$30.00
Annual depression screening, 15 minutes	\$20.00
Semiannual High Intensity behavioral cou	\$30.00
Biannual face-to-face intensive behavior	\$30.00
Face-to-face behavioral counseling for o	\$30.00
Physician documentation of face-to-face	\$10.00
Telehealth inpt pharm mgmt	\$80.00
Specimen collection for severe acute res	\$40.00
Documentation of negative or managed pos	\$20.00
Acyclovir tablets	\$5.00
Injection, penicillin G benzathine, 1,20	\$25.00
Ceftriaxone sodium injection 250mg	\$5.00
Depo Provera (per unit)	\$0.51
Inj testosterone cypionate	\$5.00
Inj dexamethasone acetate	\$5.00

Dexamethasone sodium phos	\$5.00
Ketorolac tromethamine inj	\$5.00
Lidocaine injection	\$5.00
Inj midazolam hydrochloride	\$5.00
Ondansetron hcl injection	\$5.00
Promethazine hcl injection	\$5.00
Rho d immune globulin injection	\$120.00
Drugs unclassified injection	\$30.00
Levonorgestrel iu 52mg 5 yr	\$50.00
Intraut copper contraceptive	\$500.00
Levonorgestrel-releasing intrauterine co	\$500.00
Contraceptive vaginal ring	\$10.00
Contraceptive hormone patch	\$30.00
Etonogestrel (contraceptive) implant sys	\$414.00
Albuterol non-comp unit	\$1.00
Oral prescrip drug non chemo	\$8.00
Imm review for WIC NO VACCINATION	\$8.00
Print Immunization Record	\$0.00
TB Screen form and or read only	\$20.00
EmploymentSports School Physical	\$50.00
Telehealth facility fee	\$40.00

Ondansetron, oral, 4 mg (for circumstanc	\$5.00
Medical home program, comprehensive care	\$100.00
Medical home program, comprehensive care	\$250.00
Contraceptive pills for bc	\$5.00
Contraceptive pills for bc	\$5.00
RN services up to 15 minutes	\$30.00

# **REGISTER OF DEEDS**

Recording Real Estate Instruments
<ul> <li>Instruments except deeds of trust &amp; mortgages\$26 first 15 pages, \$4 each additional</li> </ul>
<ul> <li>page</li> <li>Deeds of trust &amp; mortgages</li></ul>
UCC Records
One or two pages in writing\$38
More than two pages in writing\$45 up to 10 pages, \$2 ea. page over 10
<ul> <li>Filed electronically if permitted\$30</li> <li>Response to written request for information\$38</li> </ul>
Response to whiter request for information
Copy of statement\$2 each page
Marriage Licenses
Marriage Licenses     Marriage License\$60
Delayed marriage certificate, with one certified copy\$20
Application or license correction with one certified copy
Marriage license certified copy\$10
Other Records
Recording military dischargeNo Fee
Military discharge certified copy as authorized
<ul> <li>Birth certificate certified copy\$10</li> <li>Birth certificate after one year or more for same country, with one certified copy\$20</li> </ul>
Papers for birth certificate in another county one year or more after birth\$10
Birth certificate for papers from another county one year or more after birth, with one
certified copy\$10
Death Certificate certified copy
<ul> <li>Birth record amendment\$10</li> <li>Death record amendment\$10</li> </ul>
Legitimations\$10
<ul> <li>Certified copies unless statute otherwise provides .\$5 first page, \$2 each additional page</li> </ul>
Uncertified copies
Other Services
Notary public oath\$10
Comparing copy for certification\$5
State vital records search
State vital records for network access\$24 first copy, \$15 each additional copy

Miscellaneous services	Cost as poste
SHERIFF'S OFFICE	
Arrest Bracelet Monitoring Fee	\$90.00 (set up
Detention Center SMCP Fee	\$40.0 (per day for each inmate
Adoption Fee	\$25.0
Carry Concealed Weapon (New Permits)	\$90.0
Carry Concealed Weapon (Renewals)	\$75.0
Gun Permit Fee(\$5.00 for	each additional permit at the time of purchase
Fingerprint Fee	\$10.0
Civil Process Fee	\$30.0
SOLID WASTE SERVICES	
Asbestos	\$100.00/to
C&D (Construction & Demolition)	\$42.00/tor
LCID (Land Clearing & Inert Debris)	\$18.00/to
MSW (Mixed Solid Waste)	\$57.00/to
YW (Yard Waste)	\$22.00/to
Commingled Recycling	Current Market Rate + \$14.00/to
Tires	\$78.56/tc
	Ψ σ.σσ/το
Solid Waste District Residents	Ψ, 0.30/το
Solid Waste District Residents  Household Fee	
Household Fee	\$45.00/house (convenience center use
	\$45.00/house (convenience center us

# **Mulch Hauling**

In-County Dump Truck Load	\$75.00
In-County Tractor Trailer Load	\$200.00
Out-of-County Dump Truck Load	
Out-of-County Tractor Trailer Load	
Fleet Maintenance	
Labor Per Hour	\$50.00
Labor Per HourParts Below \$500	•
	25% Markup
Parts Below \$500	25% Markup

# WATER SERVICES

## **SOUTHWEST & SOUTHEAST**

Application Fee	\$20
Late	\$10
Non-payment Fee	\$50
NSF Fee	
Meter Deposit	
3/4 Tap Fee	\$1,200 (\$150-meter fee)
1" Tap Fee	
2" Tap Fee	
Dormant Tap Fee	
Tamper Fee	
Tamper Fee	
Broken Lock	
Recheck meter fee	\$25
Test meter fee	\$25
Broken Angle Stop	\$45
Development Fee	
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#### Monthly Usage Fees for Residential and Commercial

Water Usage (Gallons)	Water Usage fee
Base	\$33.00
First 3,000 gallons	\$6.00 per thousand
Next 3,000 gallons	\$8.00 per thousand
Next 3,000 gallons	\$9.00 per thousand
Next 3,000 gallons	\$10.00 per thousand

**Section 37: The Wilson County Board of Education** is hereby authorized to budget fines and forfeitures in the amount of \$440,000 for current expense. The County has appropriated \$23,829,862 for current expense and \$1,000,000 for capital outlay. An appropriation for technology is not budgeted. Proposed amendments which increase or decrease the amount of County appropriations allocated to any purpose or function in the public-school current expense budget by 10% or more shall be submitted to the Board of Commissioners for approval, pursuant to and in accordance with Chapter 115c-433 of the North Carolina General Statutes.

**Section 38: Wilson Community College**. The County has appropriated \$2,685,090 for current expense and \$674,000 for capital outlay for existing facilities.

**Section 39:** Departments within the Wilson County Government, except for the Tax Administration Department, is hereby authorized to charge a fee of \$25 (the maximum allowed by the S.S.25-3-506 for any check written to Wilson County and returned by the bank unpaid). The Wilson County Tax Administrator is hereby authorized by G.S 105-357 to charge a fee of 10% or \$25 (whichever is greater) of the amount of any check written to that department and returned by the bank.

**Section 40:** The County Manager or her designee is hereby authorized to transfer appropriations within and between funds contained herein subject to the following guidelines and restrictions:

- (1) The County Manager or Finance Director may transfer amounts between expenditure line items within a department's budget without limitation and without a report being required.
- (2) The County Manager or Finance Director may transfer amounts without limitation between departments within the same fund and between funds. An official report on such transfers shall be provided to the Board of Commissioners (Board) at the monthly meeting.
- (3) Upon notification of funding increases and decreases from state, federal, grants or pass-through sources, budgets may be adjusted to match with the approval of the County Manager or Finance Director. Board of Commissioners' action will not be required unless staffing is affected.
- (4) Unexpended grants and other funds previously approved and budgeted by the Board, may be re-budgeted or rolled over into the FY2023 budget by the Manager or Finance Director. Board of Commissioners' action will not be required.
- (5) Movement of funds between/across expenditure categories (Personnel/Operating/Capital) may be requested by Department but require approval of the County Manager or Finance Director. No lapse salary can be used to fund any other operational expense, without the County Manager or Finance Director approval. Movement of funds to purchase unbudgeted Capital requires same approval.

This authorization applies only to the budget approved by the Board of County Commissioners. The Board of Commissioners must approve any budget amendments involving new monies.

**Section 41:** The County Manager or Finance Director shall have authority to execute the following contracts, amendments, or change orders, provided they comply with applicable laws and procedures and are within budgeted funds:

- (1) any lease agreement for one year or less;
- any contract, amendment, or change order for apparatus, supplies, materials, equipment, resolution of a claim, construction or repair work, or other lawful matter where formal bids are not required by law, including those committing no funds;
- (3) amendments or change orders to other contracts, including service and information technology contracts as defined by G.S. 143-129.8, when the aggregate of the amendments requires less than a \$200,000 increase in the expenditure of public funds in a single fiscal year: and
- (4) grant agreements for public funds within budgeted amounts

At the Manager's discretion, any lease, contract, amendment, or change order described in (1), (2), (3), or (4) may nevertheless be submitted to the Board. Contracts, amendments, or change orders duly approved by the Board may be executed by the Chairman or the Manager. Board action approving a contract, amendment, or change order shall be deemed to authorize necessary budget amendments.

**Section 42:** This Budget Ordinance has been prepared in compliance with the Fiscal Control Act. Copies of the Budget Ordinance shall be furnished to the Budget Officer, Clerk to the Board, Finance Director, and the Tax Assessor for direction in the carrying of their duties.

Section 43: This Ordinance shall become effective July 1, 2023.

Adopted this 1<sup>th</sup> day of June 2023.