1	[Health Code - Patient Rates for Fiscal Years 2020-2021 and 2021-2022]								
2									
3	Ordinance amending the Health Code to set patient rates and rates for other services								
4	provided by the Depa	rtment of Pub	lic Health, for f	fiscal years	2020-2021 and	d 2021-2022			
5	(July 1, 2020 through	June 30, 2022).						
6	NOTE: Unchanged Code text and uncodified text are in plain Arial font. Additions to Codes are in <u>single-underline italics Times New Roman font</u> .								
7	Deleti	ions to Codes	are in strikethro	ough italics Ti	mes New Roman	font .			
8	Board	d amendment a d amendment o	deletions are ir	n strikethroud	gh Arial font.				
9	subse	isks (* * * *) ections or parts of	of tables.	mission of ur	Ichanged Code)			
10									
11	Be it ordained by	y the People of	the City and C	ounty of San	Francisco:				
12									
13	Section 1. The	Health Code is	hereby amende	ed by revisin	g Section 128,	to read as			
14	follows:								
15	The Board of Su	pervisors of the	e City and Cour	nty of San Fr	ancisco does h	iereby			
16	determine and fix the p	roper reasonab	le amounts to l	be charged to	o persons for s	ervices			
17	furnished by the Depar	tment of Public	Health as follo	ws, which ra	tes shall be effe	ective for			
18	services delivered as o	f July 1, 20 <i>17<u>2(</u></i>	<u>)</u> , through June	e 30, 20 20<u>22</u>.					
19	[]	· · · · · · · · · · · · · · · · · · ·	1	AMC	DUNT				
20	TYPE OF SERVICE	UNIT	2017-18	2018-19	20 19<u>20</u>-20<u>1</u>	<u>2021-22</u>			
21		SAN FRAN	CISCO HEALT	H NETWOR	K				
22	Zuckerberg	San Francisco	-		•	,			
23		-	List <u>s</u> located at nto this provisio						
24	Supplies & Drugs	forth herein , <i>ar</i>	<i>nd not subject to</i> h rates are <u>subj</u>	-change excep	t by amendment	to this			
25		based on increa	n rates are <u>subj</u> ases or decreases edications shall l	<u>s to procurem</u>	ent cost of the in	dividual			

1	TYPE OF SERVICE	UNIT		AMOUNT						
	I TPE OF SERVICE	UNIT	2017-18	2018-19	20 <u>1920</u> -20 <u>1</u>	<u>2021-22</u>				
2 3		the Office of S	<i>rounded to the nearest dollar</i> . These Special Price List <u>s</u> are posted on the Office of Statewide Health Planning and Development website (www.oshpd.ca.gov).							
4	Zuckerberg	San Francisco	San Francisco General Hospital and Trauma Center (ZSFG)							
5	Diagnostic Radiology		Special Price Lists located at 1001 Potrero Avenue, ZSFG, incorporated							
6	<u>Clinical Lab</u> <u>Anatomic Pathology</u>	<u>into this provisi</u> are subject to cl		• • •	• •					
7	<u>All Other Special</u>	posted on the Oj	ffice of Statewide	e Health Plan	ning and Develo					
8	<u>Services</u>		<u>(ww</u>	w.oshpd.ca.go	<u>v).</u>					
9	In-Patient Care									
	Medical Surgical	Day	9,216	9,769	10,453<u>9,796</u>	<u>9,769</u>				
10 11	Intensive Care	Day	18,424	19,530	20,897 <u>22,460</u>	<u>22,460</u>				
12	Intensive Care - Trauma	Day	18,424	19,530	20,897 <u>22,460</u>	<u>22,460</u>				
13	Coronary Care	Day	18,424	19,530	20,897 <u>22,460</u>	<u>22,460</u>				
14 15	Stepdown Units	Day	13,305	14,103	15,090 <u>14,103</u>	<u>14,103</u>				
	Pediatrics	Day	8,814	9,343	9,997<u>9,</u>343	<u>9,343</u>				
16	Obstetrics	Day	7,212	7,645	8,180 7,645	<u>7,645</u>				
17	Nursery									
18	New Born	Day	3,683	3,904	4,177	<u>4,177</u>				
19	Observation/Well Baby	<i>Day</i>	6,408	6,793	7,268					
20	Semi-Intensive Care	Day	12,278	13,015	13,926 <u>14,901</u>	<u>14,901</u>				
21 22	Intensive Care	Day	18,424	19,530	20,897 22,459	22,459				
23	Labor/Delivery - 6G	Day	6,408	6,793	7,268					
24	Labor/Delivery Hours of Stay	Hour	320	340	364<u>363</u>	<u>363</u>				
25	Psychiatric Inpatient	Day	7,212	7,645	8,180 7,645	<u>7,645</u>				

1				AMC	DUNT	
	TYPE OF SERVICE	UNIT	2017-18	2018-19	20 <u>+920</u> -2 <u>01</u>	<u>2021-22</u>
2 3	Psychiatric Forensic Inpatient - 7L	Day	7,212	7,645	8,180<u>7,645</u>	<u>7,645</u>
4	AIDS Unit - 5A	Day	7,212	7,645	8,180	
	Security Unit - 7D	Day	7,212	7,645	8,180<u>7,645</u>	<u>7,645</u>
5 6	Skilled Nursing Facility	Day	2,886	3,059	3,273<u>3,059</u>	<u>3,059</u>
7	Mental Rehab Unit	Day	2,385	2,528	2,705 2,528	<u>2,528</u>
8	Adult Residential Facility	Day	482	510	546<u>510</u>	<u>510</u>
9	Respiratory Therapy					
10	O ₂ Therapy	per 24 hours	942	998	1,068 <u>360</u>	<u>360</u>
11	Surgical Services					
12 13	Minor Surgery I (Come & Go)	1st Hour	4,824	5,113	5,471 <u>6,647</u>	<u>6,647</u>
14 15	Minor Surgery I (Come & Go)	Add'l ½ Hour <u>or</u> <u>portion</u>	2,458	2,605	2,787 <u>3,323</u>	<u>3,323</u>
16	Minor Surgery II	1st Hour	5,266	5,582	5,972-<u>7,256</u>	<u>7,256</u>
17	Minor Surgery II	Add'l ½ Hour <u>or</u> <u>portion</u>	2,627	2,785	2,980 <u>3,628</u>	<u>3,628</u>
18 19	Major Surgery I	1st Hour	7,929	8,405	8,993 <u>10,927</u>	<u>10,927</u>
20 21	Major Surgery I	Add'l ½ Hour <u>or</u> <u>portion</u>	3,170	3,360	3,595 <u>4,368</u>	<u>4,368</u>
22	Major Surgery II	1st Hour	8,929	9,465	10,127 <u>12,304</u>	<u>12,304</u>
23 24	Major Surgery II	Add'l ½ Hour <u>or</u> <u>portion</u>	3,575	3,790	4 ,055 <u>4,927</u>	<u>4,927</u>
25	Major Surgery III	1st Hour	9,937	10,533	11,270	

1	TYPE OF SERVICE	UNIT		AMC	DUNT	
	TYPE OF SERVICE	UNIT	2017-18	2018-19	20 <u>+920</u> -20 <u>1</u>	<u>2021-22</u>
2					<u>13,693</u>	<u>13,693</u>
3 4	Major Surgery III	Add'l ½ Hour <u>or</u> <u>portion</u>	3,975	4,214	4, 509 <u>5,478</u>	<u>5,478</u>
5 6	Extraordinary Surgery	1st Hour	10,905	11,559	12,369	
7	Extraordinary Surgery	Add'l ½ Hour	4,362	4,624	4,948	
8	Surgery (2 Teams)	1st Hour	14,736	15,620	16,714	
9	Surgery (2 Teams)	Add'l ½ Hour	5,893	6,247	6,684	
9 10	Surgery (3 Teams)	1st Hour	16,383	17,366	18,582 <u>22,576</u>	<u>22,576</u>
11 12	Surgery (3 Teams)	Add'l ½ Hour <u>or</u> <u>portion</u>	6,554	6,948	7,434 <u>9,032</u>	<u>9,032</u>
13	Major Trauma III	1st Hour	12,913	13,687	14,646	
	Major Trauma III	Add'l ½ Hour	5,166	5,476	5,859	
14	Major Trauma II	1st Hour	12,278	13,015	13,926	
15	Major Trauma II	Add'l ½ Hour	4,914	5,208	5,573	
16	Major Trauma I	1st Hour	9,341	9,901	10,594 <u>12,871</u>	<u>12,871</u>
17 18	Major Trauma I	Add'l ½ Hour <u>or</u> portion	3,738	3,962	4,240 <u>5,151</u>	<u>5,151</u>
19 20	Recovery Room	1st Hour	3,072	3,256	3,484 <u>4,232</u>	<u>4,232</u>
21 22	Recovery Room	2nd Add'l Hour	2,458	2,605	2,787	
22 23 24	Recovery Room	Each Add'l Hour <u>or</u> <u>portion</u>	1,843	1,95 4	2,091 <u>2,116</u>	<u>2,116</u>
24 25	Anesthesia	1st Hour	6,900	7,314	7,826 <u>9,508</u>	<u>9,508</u>

1	TYPE OF SERVICE	UNIT		AMC	DUNT	
	TYPE OF SERVICE	UNIT	2017-18	2018-19	20 <u><i>1920</i></u> -20 <u>1</u>	<u>2021-22</u>
2 3	Anesthesia	Add'l ½ Hour <u>or</u> <u>portion</u>	3,444	3,651	3,906 <u>4,746</u>	<u>4,746</u>
4	Trauma Care					
5 6	Trauma Activation - 900	Visit	28,230	29,924	32,018 <u>29,924</u>	<u>29,924</u>
7	Trauma Activation - 911	Visit	16,606	17,602	18,834 <u>17,602</u>	<u>17,602</u>
8	Trauma Critical Care	1st 1-74 minutes	8,841	9,371	10,027<u>9,371</u>	<u>9,371</u>
9 10	Trauma Critical Care	Each add'l 30 min <u>or</u> <u>portion</u>	2,210	2,342	2,506<u>2,342</u>	<u>2,342</u>
11 12	ED Level 5 Team Trauma	Visit	16,606	17,602	18,834 <u>17,602</u>	<u>17,602</u>
	Emergency Clinic					
13	Level I	Room	525	556	595<u>556</u>	<u>556</u>
14	Level II	Room	1,571	1,665	1,782<u>1,665</u>	<u>1,665</u>
15	Level III	Room	3,361	3,563	3,812 <u>3,563</u>	<u>3,563</u>
16 17	Level IV	Room	5,536	5,869	6,279 <u>5,869</u>	<u>5,869</u>
18	Level V	Room	11,176	11,846	12,675 <u>11,846</u>	<u>11,846</u>
19	Resuscitation		7,743	8,208	8,782 <u>8,208</u>	<u>8,208</u>
20 21	Psychiatric Emergency Services					
22 23	Psych Crisis – Level 1 ER Room	Room	1,071	1,135	1,214 <u>1,135</u>	<u>1,135</u>
24	Psych Crisis – Level 2 ER Room	Room	2,488	2,637	2,822 <u>2,637</u>	<u>2,637</u>

1				AMC	UNT	
	TYPE OF SERVICE	UNIT	2017-18	2018-19	20 <u>1920</u> -2 <u>01</u>	2021-22
2 3	Psych Crisis – Level 3 ER Room	Room	3,908	4 <u>,143</u>	4,433 <u>4,143</u>	<u>4,143</u>
4	Psych Crisis – Level 4 ER Room	Room	5,328	5,648	6,043 <u>5,648</u>	<u>5,648</u>
5 6	Psych Crisis – Level 5 ER Room	Room	6,751	7,156	7,657 <u>7,156</u>	<u>7,156</u>
7	Psych Crisis – Level 6 ER Room	Room	8,172	8,662	9,268 <u>8,662</u>	<u>8,662</u>
8	Medication Svs/Min.	per minute	26	27	29<u>27</u>	<u>27</u>
9	General Clinic					
10	Initial					
11 12	<u>Evaluation &</u> <u>Management (</u> E/M <u>)</u> Focused Exam	Visit	352	373	<u>399373</u>	<u>373</u>
13	E/M Expanded Exam	Visit	586	621	<u>665621</u>	<u>621</u>
14	E/M Detailed Exam	Visit	669	709	759 709	<u>709</u>
15 16	E/M Comprehensive Exam	Visit	895	949	1,015 949	<u>949</u>
17 18	E/M Complex Exam	Visit	1,118	1,185	1,268<u>1,185</u>	<u>1,185</u>
19	Established Patient					
	E/M Brief Exam	Visit	272	289	309<u>289</u>	<u>289</u>
20 21	E/M Focused Exam	Visit	324	343	367<u>343</u>	<u>343</u>
22	E/M Expanded Exam	Visit	427	4 52	<u>484452</u>	<u>452</u>
23	E/M Detailed Exam	Visit	604	641	<u>686641</u>	<u>641</u>
24						

1	TYPE OF SERVICE	UNIT		AMC	DUNT	
	I TPE OF SERVICE	UNIT	2017-18	2018-19	20 <u><i>19<u>20</u>-20<u>1</u></i></u>	<u>2021-22</u>
2 3	E/M Comprehensive Exam	Visit	943	1,000	1,070<u>1,000</u>	<u>1,000</u>
4	Consultation					
5 6	E/M Focused Consult	Visit	309	327	<u>350327</u>	<u>327</u>
7	<u>E/M Expanded</u> <u>Consult</u>	<u>Visit</u>				<u>602</u>
8	E/M Detailed Consult	Visit	637	675	723 675	<u>675</u>
9 10	<u>E/M Expanded</u> <u>Consult</u>	<u>Visit</u>				<u>891</u>
11	<u> </u>	<u>Visit</u>				<u>1,057</u>
12	Primary Care					
13	Initial					
14	E/M Focused Exam	Visit	385	4 08	437	<u>437</u>
15	E/M Expanded Exam	Visit	478	507	542	<u>542</u>
16 17	E/M Detailed Exam	Visit	694	736	788	<u>788</u>
18 19	E/M Comprehensive Exam	Visit	860	912	976	<u>976</u>
20	E/M Complex Exam	Visit	1,352	1,433	1,533	<u>1,533</u>
21	Established Patient					
22	E/M Brief Exam	Visit	196	208	223	<u>223</u>
23	E/M Focused Exam	Visit	292	310	332	<u>332</u>
24 25	E/M Expanded Exam	Visit	511	541	579	<u>579</u>

1	TYPE OF SERVICE	UNIT		AMC	DUNT	
2	TYPE OF SERVICE	UNIT	2017-18	2018-19	20 <u>+920</u> -20 <u>1</u>	<u>2021-22</u>
2 3	E/M Detailed Exam	Visit	664	704	753	<u>753</u>
4 5	E/M Comprehensive Exam	Visit	1,038	1,100	1,177	<u>1,177</u>
6	Dental Services					
7	Initial Complete Exam	Visit	163	173	185	<u>185</u>
8	Periodic Exam	Visit	163	173	185	<u>185</u>
9	Prophylaxis - Adult	Visit	226	239	256	<u>256</u>
10	Prophylaxis - Child	Visit	214	227	243	<u>243</u>
11 12	Extract Single Tooth	Visit	325	344	368	<u>368</u>
13	One Surface, Permanent Tooth	Visit	261	277	296	<u>296</u>
14 15	Home Health Services					
	Skilled Nursing	Visit	568	602	644	<u>644</u>
16 17	Home Health Aide Services	Visit	301	319	341	<u>341</u>
18	Medical Social Services	Visit	783	830	888	<u>888</u>
19	Physical Therapy	Visit	622	660	706	<u>706</u>
20	Occupational Therapy	Visit	622	660	706	<u>706</u>
21	Speech Therapy	Visit	622	660	706	<u>706</u>

- 22
- 23
- 24
- -
- 25

1	TYPE OF SERVICE			AMC	UNT		
	TYPE OF SERVICE	UNIT	2017-18	2018-19	20 <i>19</i> <u>20</u> -20 <u>1</u>	<u>2021-22</u>	
2	Laguna Honda Hospital						
3	In-Patient Care						
4	Regular Hospital Rates						
5	Acute	Day	6,213	6,586	7,047	<u>7,047</u>	
6	Rehabilitation	Day	6,213	6,586	7,047	<u>7,047</u>	
7	Skilled Nursing Facility	Day	1,329	1,409	1,508	<u>1,508</u>	
8 9	All-Inclusive Rates						
10 11	Acute	<u>Day</u> Per Diem Per Diem I	8,154	8,643	9,248	<u>9,248</u>	
12	Rehabilitation	<u>Day</u> Per Diem	7,103	7,530	8,057	<u>8,057</u>	
13	Skilled Nursing Facility	Day	1,549	1,642	1,757-<u>1,756</u>	<u>1,756</u>	
14		POPULATIO	ON HEALTH &	PREVENTION	ЛС		
15		Communi	ity Mental Hea	Ith Services	5		
16	24-Hour Service						
17	Hospital Inpatient	Day	7,212	7,645	8,180<u>7,645</u>	<u>7,645</u>	
	Skilled Nursing	Day	2,385	2,528	2,705<u>235.10</u>	<u>246.86</u>	
18 19	Adult Crisis Residential	Day	518	555	<u>593480.94</u>	<u>504.99</u>	
20	Adult Residential	Day	283	325	<u>374234.59</u>	<u>246.32</u>	
20	Therapeutic Foster Care (TFC) Service Model	Day		175	201 232.93	<u>244.57</u>	
22	Day Services						
23	Day Rehabilitation	<i>Full</i> Day	273	342	<u>427</u> 207.24	217.60	
24	Day Rehabilitation	, Half Day	175	219	273 132.77	<u>139.41</u>	
25	Day Treatment Intensive	<i>Full</i> -Day	4 53	566	708<u>319.67</u>	<u>335.65</u>	

1				AMC	DUNT	
	TYPE OF SERVICE	UNIT	2017-18	2018-19	20 <u>1920</u> -20 <u>1</u>	<u>2021-22</u>
2 3	Day Treatment Intensive	Half Day	300	375	4 69 227.59	<u>238.97</u>
4	Day Treatment Intensive (Children)	<i>Full</i> Day	609	762	952<u>431.55</u>	<u>453.13</u>
5 6	Day Treatment Intensive (Children)	Half Day	438	547	684<u>307.25</u>	<u>322.61</u>
0	Crisis Stabilization	Hour	434	543	679<u>192.89</u>	<u>202.53</u>
7	Socialization	Hour	103	129	161<u>118.07</u>	<u>123.98</u>
8	Outpatient Services					
9 10	Case Management Brokerage	Minute	10.09	14.63	18.29<u>6.29</u>	<u>6.61</u>
11	Mental Health Services	Minute	13.35	19.36	24.20<u>8.06</u>	<u>8.47</u>
12 13	Therapeutic Behavioral Services	Minute	13.35	19.36	24.20<u>8.06</u>	<u>8.47</u>
13	Medication Support	Minute	26.49	38.41	<u>48.0215.15</u>	<u>15.90</u>
15	Crisis Intervention	Minute	19.13	27.74	34.67<u>14.45</u>	<u>15.18</u>
16		Comm	unity Substan	ce Abuse		
17 18	Organized Delivery System (ODS) Services					
19	Case Management	Per 15 minutes	49.14	61.42	<u>64.4967.72</u>	<u>71.11</u>
20 21	Physician Consultation	Per 15 minutes	42.89	53.61	56.29<u>59.10</u>	<u>62.06</u>
22	Recovery Services	Per 15 minutes	4 9.14	61.42	<u>64.4967.72</u>	<u>71.11</u>
23 24 25	Medication Assisted Treatment / Medication Support	Per 15 minutes	172.50	215.65	226.43 <u>237.75</u>	<u>249.64</u>

1	TYPE OF SERVICE	UNIT		AMC	DUNT	
		UNIT	2017-18	2018-19	20 <u><i>1920</i></u> -2 <u>01</u>	<u>2021-22</u>
2 3	Outpatient SUD Services					
4	MAT - Buprenorphine	Day	104	120	126<u>1</u>32.30	<u>138.92</u>
5	MAT - Disulfiram	Day		67.50	70.88 <u>74.42</u>	<u>78.15</u>
6	MAT - Naloxone	Kit		281.25	295.31 <u>310.08</u>	<u>325.58</u>
7 8	Ambulatory Level 1 Withdrawal Management	Day	206.25	257.81	270.70 <u>284.24</u>	298.45
9 10	Individual Counseling - Outpatient	Per 15 minutes	40.20	50.25	52.76<u>55.40</u>	<u>58.17</u>
11 12	Group Counseling - Outpatient	Per 15 minutes	35	4 3.75	4 <u>5.9</u> 4 <u>48.24</u>	<u>50.65</u>
13	Opioid Replacement Therapy (OTP)					
14 15	Methadone Dosing	Day	58	67	70.35-<u>73.87</u>	<u>77.56</u>
16	Individual Counseling - ORT	Per 10 minutes	58	67	70.35-<u>73.87</u>	<u>77.56</u>
17 18	Group Counseling - ORT	Per 10 minutes	33	38	39.90 <u>41.90</u>	<u>43.99</u>
19 20	SUD Intensive Outpatient Treatment					
21	Intensive Outpatient Treatment	Per 15 minutes	40.20	50.25	52.76-<u>55.40</u>	<u>58.17</u>
22 23	SUD Residential Treatment					
24	Level 3.2 Residential	Day	553.60	692.00	726.60 <u>762.93</u>	<u>801.08</u>

TYPE OF SERVICE		AMOUNT				
	UNIT	2017-18	2018-19	20 <u><i>19<u>20</u>-2<u>01</u></i></u>	<u>2021-22</u>	
Withdrawal Management						
Level 3.1 Residential	Day	154.35	192.94	202.59 <u>212.72</u>	<u>223.36</u>	
Level 3.3 Residential	Day	192.94	241.17	253.23 <u>265.89</u>	<u>279.19</u>	
Level 3.5 Residential	Day	253.13	316.41	332.23 <u>348.84</u>	<u>366.28</u>	
	POPULATIO	ON HEALTH 8		ON		
		Vital Record	S			
Birth Certificate	Per Certificate	Rates Per California Health and Safety Code Section 103650				
Death Certificate	Per Certificate	Rates Per California Health and Safety Code Section 103650				
Permit-Disposition of Human Remains	Per Permit	Rates Per California Health and Safety Code Section 103650				
Out-of-County Cross File Fee	Per Certificate	Rates Per Ca			Code Section	
Letter of Non- Contagious Disease	Per Letter	15	15	15	<u>15</u>	
Expedited Registration of Vital Event	Per Event	Rates Per Ca			Code Section	
Expedited Documents	Per Delivery	30	30	30	<u>30</u>	
After Hours Registration of Vital Event	Per Event	4 2	4 2	42	<u>42</u>	
Reproduction of Documents	Per Page	2	2	2	<u>2</u>	
Medical Marijuana						
Medical Marijuana ID	Card	100	100	100	<u>100</u>	
	Management Level 3.1 Residential Level 3.3 Residential Level 3.5 Residential Level 3.5 Residential Level 3.5 Residential Level 3.5 Residential	ManagementLevel 3.1 ResidentialDayLevel 3.3 ResidentialDayLevel 3.5 ResidentialDayLevel 3.5 ResidentialDayBarth CertificatePer CertificateDeath CertificatePer CertificateDeath CertificatePer CertificateOut-of-County Cross File FeePer CertificateLetter of Non- Contagious DiseasePer LetterExpedited Registration of Vital EventPer DeliveryAfter Hours Registration of Vital EventPer DeliveryAfter Hours Registration of Vital EventPer EventReproduction of DocumentsPer PageMedical Marijuana Medical MarijuanaCard	Withdrawal ManagementImagementImagementLevel 3.1 ResidentialDay154.35Level 3.3 ResidentialDay192.94Level 3.5 	Withdrawal ManagementDay154.35192.94Level 3.1 ResidentialDay192.94241.17Level 3.3 ResidentialDay192.94241.17Level 3.5 ResidentialDay253.13316.41Vital RecordsPOPULATION HEALTH & PREVENTIVital RecordsBirth CertificatePer CertificateRates Per California Heal 10Death CertificatePer CertificateRates Per California Heal 10Permit-Disposition of Human RemainsPer PermitRates Per California Heal 10Out-of-County Contagious DiseasePer Letter15Expedited Registration of Vital EventPer Letter15Expedited Registration of Vital EventPer Delivery30After Hours Registration of Vital EventPer Event42Reproduction of DocumentsPer Page2After Hours Registration of Vital EventPer Page2Reproduction of Medical MarijuanaCard100Medical MarijuanaCard100	Withdrawal Management Day 154.35 192.94 202.59 212.72 Level 3.1 Residential Day 192.94 241.17 253.23 265.89 Level 3.3 Residential Day 192.94 241.17 253.23 265.89 Level 3.5 Residential Day 253.13 316.41 332.23 348.84 POPULATION HEALTH & PREVENTION Vital Records Vital Records Birth Certificate Per Certificate Rates Per California Health and Safety O 103650 Death Certificate Per Certificate Rates Per California Health and Safety O 103650 Non- 103650 Permit-Disposition of Human Remains Per Permit Rates Per California Health and Safety O 103650 Non- 103650 Letter of Non- Contagious Disease Per Letter 15 15 Expedited Registration of Vital Event Per Delivery 30 30 After Hours Registration of Vital Per Event 42 42 42 Event 42 42 42 42 42 Reproduction of Documents Per Page 2 2 2 2 Refereduted Documents Per Page 2	

1	TYPE OF SERVICE	E UNIT		AMOUNT				
	TTPE OF SERVICE		2017-18	}	2018-19	20 <u>1920</u> -20 <u>1</u>	<u>2021-22</u>	
2 3	<u>—Medical Marijuana</u> ID (Medi-Cal Beneficiaries)	Card		50	50	50		
4	ADULT IMMUNIZATION CLINIC							
5	Vaccines							
6	Clinic Visits							
7	Travel Health Visi (THV1)	it Per Visit		55	55	55	<u>55</u>	
8 9 10	Travel Health Visi (THV2) – Under Age 18 with Parent THV1	Por \/isit		55	55	55	<u>55</u>	
10 11 12	Registered Nurse Visit – Off-Site Location	Per Visit	ź	2 00	200	200	<u>200</u>	
13 14 15 16 17 18 19	Other Vaccines Per Injection		Street, A Clinic, in by refere herein exce provisio post Dep Commu	Special Price List located at 101 Grove Street, Adult Immunization and Travel Clinic, incorporated into this provision by reference as if specifically set forth herein, and not subject to change except by amendment to this provision. This Special Price List is posted on the San Francisco Department of Public Health Communicable Disease and Control Prevention website (www.sfdcp.org/aitcprices.html).				
		PUBL	IC HEALTH	LAB	BORATORY			
20 21	Lab Testing	Per Specimen	Rates Per t	Rates Per the Medicare Outpatient Fee-For-Service Reimbursement Rate				
22		SAN FRANCISCO CITY CLINIC						
23	Clinic Visit	Per Visit	25		25	25	<u>25</u>	

1	Section 2. Special price lists referenced in Section 128 of the Health Code are				
2	available on request at the Office of the Clerk of the Board of Supervisors in Board File				
3	No, <i>or</i> <u>and</u> at 101 Grove Street, Room 308.				
4					
5	Section 3. Effective Date. This ordinance shall become effective 30 days after				
6	enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the				
7	ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board				
8	of Supervisors overrides the Mayor's veto of the ordinance.				
9					
10	Section 4. Scope of Ordinance. In enacting this ordinance, the Board of Supervisors				
11	intends to amend only those words, phrases, paragraphs, subsections, sections, articles,				
12	numbers, punctuation marks, charts, diagrams, or any other constituent parts of the Municipal				
13	Code that are explicitly shown in this ordinance as additions, deletions, Board amendment				
14	additions, and Board amendment deletions in accordance with the "Note" that appears under				
15	the official title of the ordinance.				
16					
17	APPROVED AS TO FORM: DENNIS J. HERRERA, City Attorney				
18					
19	By: <u>/s/ Virginia Dario Elizondo</u> VIRGINIA DARIO ELIZONDO				
20	Deputy City Attorney				
21	n:\legana\as2020\2000467\01464996.docx				
22					
23					
24					
25					