

<b>Service/Fee Request Form</b>											
<b>Union County Human Services Agency</b>											
<b>Division of Public Health</b>											
CPT Code/ Program	Program Description	Fee Slide Y or N	Recommended Fee By Department	Medicaid (MCD) Reimbursement	Commercial Reimbursement	New Program Y/N	Existing Fee Y/N	Reason for Adjustment	Requested By	Effective Date	Financial Impact
90710- MMRV	IM	N	\$347.30	\$267.15	\$307.40	N	N	New fee request	Immunization	Upon Human Service Board and BOCC Approval	The addition of this fee will help increase Public Health revenue and offset the cost of providing associated clinical services.
						N					
						N					
Approved By: _____ Date: _____											
Approved By: _____ Date: _____											