

| Service/Fee Request Form | | | | | | | | | | | |
|---|---------------------|------------------|-------------------------------|------------------------------|--------------------------|-----------------|------------------|-----------------------|--------------|--|--|
| Union County Human Services Agency Division of Public Health | | | | | | | | | | | |
| 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: _____ | | | | | | | | |