

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM: 3.29
(ID # 29965)

MEETING DATE:
Tuesday, March 03, 2026

FROM : RUHS-PUBLIC HEALTH

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH: Introduction of Ordinance No. 734.18 Amending Ordinance No. 734.17, an Ordinance of the County of Riverside Establishing Fees, Charges, and Rates for Riverside University Health System – Public Health Program Services and Supplies. All Districts. [\$0 – Fee Paid for Services by Public and Third Parties] (Clerk to Advertise) (Set for Hearing)

RECOMMENDED MOTION: That the Board of Supervisors:

1. Introduce and waive further reading of Ordinance No. 734.18, an Ordinance of the County of Riverside amending Ordinance No. 734 Establishing Fees, Charges, and Rates for Riverside University Health System Public Health - Program Services and Supplies; and
2. Direct the Clerk of the Board to set a public hearing for the proposed ordinance to be heard on March 24, 2026; and
3. Direct the Clerk of the Board to provide notice of the public hearing in accordance with Section 54986 of the Government Code.


ACTION: Policy, Set for Hearing


Kim Saruwatari, Director of Public Health 2/20/2026

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Medina, seconded by Supervisor Gutierrez and duly carried, IT WAS ORDERED that the above matter is approved as recommended; the above Ordinance is approved as introduced with a waiver of reading, and is set for public hearing on Tuesday, March 24, 2026, at 9:30 a.m. or as soon as possible thereafter.

Ayes: Medina, Spiegel, Perez, and Gutierrez
Nays: None
Absent: Washington
Date: March 3, 2026
xc: RUHS-PH, COB/NS

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$0	\$0	\$0	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: N/A			Budget Adjustment: No	
			For Fiscal Year: 25/26	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In March 1994, the Board of Supervisors adopted Ordinance 734, Public Health Services and Supplies Fee and Charges, establishing County Public Health Fees, charges, and rates. The last update to the Ordinance, 734.17, was made on March 25, 2025, with Board adoption on April 1, 2025. As a result of updates to state fees and new program initiatives, Riverside University Health System - Public Health (RUHS-PH) is submitting Ordinance 734.18 to reflect the commensurate and applicable changes to the RUHS-PH fee schedule.

Impact on Residents and Businesses

The new and revised RUHS-PH program fees are necessary for the ongoing operational and maintenance cost in providing Public Health program services to Riverside County residents.

Additional Fiscal Information

RUHS-PH Laboratory (RUHS-PHL) fees were revised using the Medicare rates with a 150% multiplier. The fees are consistent with standard pricing and strategy recommended by the National Association of Community Health Centers (NACHC), as used in the healthcare industry. Public Health Lab tests are added as needed, with pricing following industry standards, and will be added to the fee schedule in subsequent fee updates. New fees and some revised fees have been calculated to offset the actual cost of providing the service/product. The following RUHS-PH Branches have new or revised fees:




- Business Services
- Immunizations
- Disease Control
- HIV/STD
- Community Health Workers
- Nutrition
- Staff Development
- Vital Records

ATTACHMENTS:

ATTACHMENT A. Ordinance 734.18 Riverside University Health System – Public Health Fees

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA

ATTACHMENT B. Schedule 1 Riverside University Health System - Public Health Fees

 Rene Casillas, Internal Audits Chief	2/25/2026	 Douglas Cardonez Jr.	 2/25/2026
---	-----------	---	--

COUNTY OF RIVERSIDE
RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES
 Ordinance 734.18 Schedule 1

Description of Activity/Service	Current Approved Fee
Business Services:	
Certified Mail	per item \$ 4.35
Certified Mail (Registered)	per item \$ 16.80
Certified Mail (Receipt Requested)	per item \$ 3.55
Records Processing Fee (Subpoena/Records Request Clerical Fee) plus pass through third party costs	per request \$ 15.00
Records Copying Fee	per page \$ 1.00
Returned Checks	each \$ 20.00
Merchant Fee Charge - Debit and Credit Card Payments	per transaction \$ -
Medical Documents, X-Rays & Images (CD included) plus pass through third party costs	per request \$ 25.00
Therapeutic Med ID Program (MMIC)	\$ 87.00
Therapeutic Med ID Program (MMIC) - Medi-Cal patients	\$ 43.50
Dog Importation Health Certificate Administration Fee	each \$ 26.00

Epidemiology

Special Data Request Fee	per hour \$ 100.00
--------------------------	--------------------

Immunizations

Mobile Team Vaccines	
Flublok Trivalent PFS (Sanofi Pasteur) - Influenza Vaccine	CPT 90673 \$ -
Fluzone Trivalent PFS 0.5mL (Sanofi Pasteur) - Influenza Vaccine	CPT 90656 \$ -
Fluarix PFS 0.5mL (GlaxoSmithKline) - Influenza Vaccine	CPT 90656 \$ 20.00
Adacel (Sanofi Pasteur) - Tdap Vaccine	CPT 90715 \$ -
BOOSTRIX (GlaxoSmithKline) - Tdap Vaccine	CPT 90715 \$ 50.00
Covid-19, PEDS, 0.3mL (Pfizer) - Covid Vaccine	CPT 91319 \$ 130.00
Covid-19, Comirnaty 12+, tris-sucrose, 0.3mL (Pfizer) - Covid Vaccine	CPT 91320 \$ 130.00
Covid-19 PEDS, PF, 0.25mL (Moderna) - Covid Vaccine	CPT 91321 \$ 130.00
Covid-19, Spikevax 12+, PF, 0.5mL (Moderna) - Covid Vaccine	CPT 91322 \$ 130.00
Covid-19, mNEXSPIKE 12+, PF, 0.5mL (Moderna) - Covid Vaccine	CPT 91323 \$ -
Jynneos (Bavarian Nordic A/S) - Orthopox Vaccine	CPT 90611 \$ -
DAPTACEL (Sanofi Pasteur) - DTaP Vaccine	CPT 90700 \$ -
INFANRIX (GlaxoSmithKline) - DTaP Vaccine	CPT 90700 \$ -
PEDIARIX DTaP/Hep B/IPV (GlaxoSmithKline) - DTaP Combo Vaccine	CPT 90723 \$ -
KINRIX DTaP/IPV (GlaxoSmithKline) - DTaP Combo Vaccine	CPT 90696 \$ -
Pentacel DTaP/IPV/Hib (Sanofi Pasteur) - DTaP Combo Vaccine	CPT 90698 \$ -
VAXELIS DTaP/IPV/Hib/Hep B (MSP Vaccine Co) - DTaP Combo Vaccine	CPT 90697 \$ -
HAVRIX - Adult (GlaxoSmithKline) - Hep A adult Vaccine	CPT 90632 \$ -
VAQTA - Adult (Merck and Co) - Hep A adult Vaccine	CPT 90632 \$ -
HAVRIX - Peds (2 dose) (GlaxoSmithKline) - Hep A ped/adol Vaccine	CPT 90633 \$ -
VAQTA - Peds (2 dose) (Merck and Co) - Hep A ped/adol Vaccine	CPT 90633 \$ -
HEPLISAV-B (Dynavax) - Hep B adult Vaccine	CPT 90739 \$ -
ENGERIX-B - Adult (GlaxoSmithKline) - Hep B adolescent or pediatric Vaccine	CPT 90746 \$ -
Hep B-A20:S21PEDS (Merck and Co) - Hep B adolescent or pediatric Vaccine	CPT 90746 \$ -
RECOMBIVAX HB - Dialysis (GlaxoSmithKline) - Hep B adult Vaccine	CPT 90740 \$ -
ENGERIX-B - Peds (GlaxoSmithKline) - Hep B PEDS Vaccine	CPT 90744 \$ -
RECOMBIVAX HB - Peds (GlaxoSmithKline) - Hep B PEDS Vaccine	CPT 90744 \$ -
PedvaxHIB Hib (PRP-OMP) (Merck and Co) - Hib Vaccine	CPT 90647 \$ -
ActHIB Hib (PRP-T) (Sanofi Pasteur) - Hib Vaccine	CPT 90648 \$ -
Hiberix Hib (PRP-T) (GlaxoSmithKline) - Hib Vaccine	CPT 90648 \$ -
IPOL IPV (Sanofi Pasteur) - Polio Vaccine	CPT 90713 \$ -
M-M-R II (Merck and Co) - MMR Vaccine	CPT 90707 \$ -
PRIORIX (GlaxoSmithKline) - MMR Vaccine	CPT 90707 \$ 103.00
ProQuad (Merck and Co) - MMRV Vaccine	CPT 90710 \$ -
VARIVAX (Merck and Co) - Varicella Vaccine	CPT 90716 \$ 140.00
SHINGRIX (GlaxoSmithKline) - Shingles Vaccine	CPT 90750 \$ 199.00
Gardasil 9 (Merck and Co) - HPV Vaccine	CPT 90651 \$ 330.00

Description of Activity/Service		Current Approved Fee
Menactra (Sanofi Pasteur) - Meningococcal Conjugate Vaccine	CPT 90734	\$ -
MenQuadfi (Sanofi Pasteur) - Meningococcal Conjugate Vaccine	CPT 90619	\$ 198.00
Menveo (1 vial) (GlaxoSmithKline) - Meningococcal Conjugate Vaccine	CPT 90734	\$ 198.00
Menveo (2 vial) (GlaxoSmithKline) - Meningococcal Conjugate Vaccine	CPT 90734	\$ 198.00
Prevnar 20 (Pfizer) - Pneumococcal Conjugate Vaccine	CPT 90677	\$ -
Capvaxive PCV21 (Merck and Co) - Pneumococcal Conjugate Vaccine	CPT 90684	\$ -
VAXNEUVANCE PCV 15 (Merck and Co) - Pneumococcal Conjugate Vaccine	CPT 90671	\$ -
PNEUMOVAX 23 (Merck and Co) - Pneumococcal Polysaccharide Vaccine	CPT 90732	\$ -
ROTARIX (2 dose) (GlaxoSmithKline) - Rotavirus Vaccine	CPT 90681	\$ -
RotaTeq (3 dose) (Merck and Co) - Rotavirus Vaccine	CPT 90680	\$ -
ABRYSVO (Pfizer) - RSV adult Vaccine	CPT 90678	\$ -
AREXVY (GlaxoSmithKline) - RSV adult Vaccine	CPT 90679	\$ -
ENFLONSA (Merck and Co) - RSV infant Vaccine	CPT 90382	\$ -
Beyfortus 0.5 mL (babies under 5 kg) (Sanofi Pasteur) - RSV Monoclonal Antibody infant Vaccine	CPT 90380	\$ -
Beyfortus 1 mL (babies over 5 kg) (Sanofi Pasteur) - RSV Monoclonal Antibody infant Vaccine	CPT 90381	\$ -
TDVAX (Grifols) - TD Vaccine	CPT 90714	\$ -
TENIVAC (Sanofi Pasteur) - TD Vaccine	CPT 90714	\$ -
Vaccinations for Travel*		
YF-VAX (Sanofi Pasteur) - Yellow Fever Vaccine	CPT 90717	\$ -
Typhim Vi (Sanofi Pasteur) - Typhoid Vaccine	CPT 90691	\$ -
Vaxchora (Bavarian Nordic A/S) - Cholera Vaccine	CPT 90625	\$ -
Ticovac Tick-Borne Encephalitis 0.25 mL (Pfizer) - Encephalitis Vaccine	CPT 90625	\$ -
Ticovac Tick-Borne Encephalitis 0.5 mL (Pfizer) - Encephalitis Vaccine	CPT 90627	\$ -
Ixiaro Japanese Encephalitis (Valneva Usa) - Encephalitis Vaccine	CPT 90738	\$ -
Imovax Rabies (Sanofi Pasteur) - Rabies Vaccine	CPT 90675	\$ -
Rabavert (Bavarian Nordic A/S) - Rabies Vaccine	CPT 90675	\$ -
Mosquirix (GlaxoSmithKline) - Malaria Vaccine	CPT N/A	\$ -
VIMKUNYA Recombinant (Bavarian Nordic A/S) - Chikungunya Vaccine	CPT 90593	\$ -
VIMKUNYA Live attenuated (Bavarian Nordic A/S) - Chikungunya Vaccine	CPT 90589	\$ -
Student Nursing Coordinator	per hour	\$ -
Vaccination Administration Fee**		\$2.00 - \$90.00
Travel Visit Counseling Fee***	CPT 99401	\$ -

*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.

*Sliding fee scale dependent on number of doses and type

**Sliding fee scale based on funding source and program used

***Sliding fee scale based on destination and complexity of visit

Injury Prevention Services:

Bicycle Helmets*	each	\$3.00 - \$10.00
Regular Car Seats*	each	\$20.00 - \$45.00
Special Needs Car Seat*	each	\$0.00 - \$50.00

*Sliding fee scale based on Income

Non-Clinical Laboratory Fees:

Fees for Registration of Non-Diagnostic General Health Assessment Program:		
Annual Operator/Organization Registration	each	\$ 100.00
Additional Dates	each	\$ 12.00
Additional Program	each	\$ 43.00
Additional Site	each	\$ 20.00
Additional Personnel	each	\$ 12.00
Additional Tests	each	\$ -
Record Changes	each	\$ 12.00
Review Procedural Changes	each	\$ 20.00
Non Diagnostic General Health Assessment Consultation	per hour	\$ 75.00
Spore Test - Instrument Sterilization (at 28 weeks)		\$ 18.86

Clinical Laboratory Fees:

Acid Fast Smear (Auramine)	CPT 87206	\$ 11.00
Amplication Probe - Chlamydia	CPT 87491	\$ 52.64

Description of Activity/Service		Current Approved Fee
Amplification Probe - Gonorrhea	CPT 87591	\$ 52.64
Concentrate	CPT 87015	\$ 14.00
Culture 0157 E. coli (<i>stool cultr bacteria each</i>) /STEC	CPT 87046	\$ 19.00
Culture Aerobic (<i>culture bacteria - other</i>)	CPT 87070	\$ 18.00
Culture Bordetella pertussis (<i>culture screen only</i>)	CPT 87081	\$ 15.00
Culture Campylobacter	CPT 87046	\$ 19.00
Culture Enteric (<i>feces culture bacteria</i>)	CPT 87045	\$ 19.00
Culture for Identification	CPT 87077	\$ 50.00
Culture Fungus	CPT 87102	\$ 30.00
Culture Gonorrhea (GC) (<i>culture screen only</i>)	CPT 87081	\$ 15.00
Culture Group A strep (Throat) (<i>culture screen only</i>)	CPT 87081	\$ 15.00
Culture Group B strep (vaginal/rectal) (<i>culture screen only</i>)	CPT 87081	\$ 15.00
Culture Salmonella/Shigella (<i>feces culture bacteria</i>)	CPT 87045	\$ 19.00
Culture TB	CPT 87116	\$ 50.00
FA Cryptosporidium (AG IF)	CPT 87272	\$ 38.00
FA Giardia (AG IF)	CPT 87269	\$ 38.00
FA Pneumocystis carinii (AG IF)	CPT 87281	\$ 19.00
FA Rabies	CPT N/A	\$ 50.00
Fecal Leukocyte (<i>smear gram stain</i>)	CPT 89055	\$ 9.00
Fungus ID Mold	CPT 87107	\$ 50.00
Fungus ID Yeast	CPT 87106	\$ 50.00
MTB/RIF PCR Assay	CPT 87556	\$ 100.00
Gram Stain (<i>smear</i>)	CPT 87205	\$ 9.00
Hepatitis A IgM Antibody	CPT 86709	\$ 23.00
Hepatitis A Total Antibody	CPT 86708	\$ 25.00
Hepatitis B Core IgM Antibody	CPT 86705	\$ 24.00
Hepatitis B Core Total Antibody	CPT 86704	\$ 25.00
Hepatitis B Detection Test by Nucleic Acid (Quantification)	CPT 87517	\$ 64.26
Hepatitis B Surface Antibody	CPT 86706	\$ 22.00
Hepatitis B Surface Antigen (AG EIA)	CPT 87340	\$ 21.00
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)	CPT 87341	\$ 21.00
Hepatitis C Antibody	CPT 86803	\$ 29.00
Hepatitis C Detection Test by Nucleic Acid (Quantification)	CPT 87522	\$ 64.26
Herpes Simplex Virus, Amplified Probe	CPT 87529	\$ 52.64
HIV Antigen/Antibody Screen (<i>HIV-1/HIV-2 single assay</i>)	CPT 87389	\$ 36.12
HIV-1 Geenuis Confirmation	CPT 86701	\$ -
HIV-2 Geenuis Confirmation	CPT 86702	\$ -
HIV-1 Detection Test by Nucleic Acid (Amplified Probe Technique)	CPT 87535	\$ 52.64
HIV-1 Detection Test by Nucleic Acid (Quantification)	CPT 87536	\$ 127.65
ID of Parasite	CPT 87169	\$ 6.47
Influenza SARS-CoV-2 Multiplex rRT-PCR	CPT 87636	\$ 213.95
Kinyoun staining for TB ID	CPT 87206	\$ 8.09
Measles Antibody IgG	CPT 86765	\$ 19.32
MonkeyPox	CPT 87593	\$ 35.09
Mumps Antibody IgG	CPT 86735	\$ 19.58
Mycobacteria Antibiotic sensitivities (<i>TB AFB Sensi-EA drug X6</i>)	CPT 87188	\$ 25.00
Mycobacterium Species Identification	CPT 87118	\$ 75.00
Mycoplasma genitalium	CPT 87563	\$ 52.64
Ova & Parasite - Concentration (<i>smears</i>)	CPT 87177	\$ 18.00
Ova & Parasite - Trichrome (<i>smear complex stain</i>)	CPT 87209	\$ 37.00
PCR - Influenza A/B	CPT 87502	\$ 143.70
PCR - Measles and Mumps	CPT 87798	\$ 52.64
PCR - Norovirus	CPT 87801	\$ 105.30
Pinworm	CPT 87172	\$ 6.41
QuantiFERON-TB	CPT 86480	\$ 92.97
Respiratory Panel 2.1	CPT 87633	\$ 625.17
Rubella IgG Antibody	CPT 86762	\$ 21.59
Salmonella serogrouping	CPT 87147	\$ 7.77
Shiga-toxin 1 EIA	CPT 87427	\$ 17.97
Shiga-toxin 2 EIA	CPT 87427	\$ 17.97

Description of Activity/Service		Current Approved Fee
Syphilis (RPR) - Qualitative	CPT 86592	\$ 9.00
Syphilis (RPR) - Quantitative	CPT 86593	\$ 9.00
Syphilis (TPPA) Confirmation (<i>treponema pallidum</i>)	CPT 86780	\$ 27.00
Syphilis Serum EIA Screen (<i>non-trep qual</i>)	CPT 86592	\$ 9.00
Systemic Fungus Probe	CPT 87797	\$ 140.00
Trichomonas vaginalis amplif	CPT 87661	\$ 52.64
VZV (Varicella) IgG Antibody	CPT 86787	\$ 19.32
West Nile Virus IgM Antibody Screen (prev. WNV EIA)	CPT 86789	\$ 21.59
West Nile Virus IgM Confirmation	CPT 86788	\$ 25.28
Detection of Carbapenem Resistance Genes by Culture or Isolate	CPT 87150	\$ -
Molecular Carbapenem Resistance Genes	CPT 87798	\$ -
HIV Viral Load	CPT 87536	\$ -
HBV Viral Load	CPT 87517	\$ -
HCV Viral Load	CPT 87522	\$ -
Hepatitis B Surface Ab (Quant)	CPT 86317	\$ -
Hepatitis B Surface Ag with Reflex Confirmation	CPT 87340	\$ -
Hepatitis B Core IgM	CPT 86705	\$ -
Candida Auris PCR screening	CPT 87798	\$ -
Candida Auris Confirmation by Culture	CPT 87106	\$ -
Arbovirus Panel (Mosquitoes)	CPT N/A	\$ -
Wastewater Testing (per analyte)	CPT N/A	\$ -
New Molecular Tests/Analyte	CPT N/A	\$ -
New Serology Tests/Analyte	CPT N/A	\$ -
New Sequencing Tests/Analyte	CPT N/A	\$ -

*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.

*For services where neither the Medicare nor Medi-Cal rate is available, full cost + 10% will be charged.

Disease Control:

Fee for Provision of TB Skin Testing Group:		
Class Fee		\$ 500.00
Per Capita Student Fee		\$ 9.40
Tuberculosis (TB) Clearance		\$ 43.00
Nurse Visit	CPT 99211	\$ -
Venipuncture	CPT 36415	\$ -
Oral Medication Administration with Direct Observation (DOT) - per encounter	CPT H0033	\$ -

*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.

Nursing:

Detention Facility Inspection (Site visit, analysis of menu, report issuance)	per hour	\$ 116.00
--	----------	-----------

HIV/STD

Court-Ordered HIV Testing		\$ 123.00
Education Classes for Sex and Drug Offenders (set by Judge)		\$70.00 - \$300.00
Testosterone Cypionate injection	CPT J1071	\$ -

*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.

California Children's Services (CCS):

CCS Assessment Fee: (Depends on family size & adjusted gross income)		\$0 or \$20
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1 or 2)		\$0 to \$1440
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (3)		\$0 to \$1380
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (4)		\$0 to \$1320

Description of Activity/Service	Current Approved Fee
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (5)	\$0 to \$1260
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (6 or more)	\$0 to \$1200

Community Health Workers

Self-management education and training, face-to-face, 30 minutes (1 patient)	CPT 98960	\$26.66
Self-management education and training, face-to-face, 30 minutes (2-4 patients)	CPT 98961	\$12.66 per patient
Self-management education and training, face-to-face, 30 minutes (5-8 patients)	CPT 98962	\$9.46 per patient

*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.

Nutrition

Community Education Presentation	per hour	\$ 88.00
Detention Facility Inspection (Registered Dietitian) (Site visit, analysis of menu, report issuance)	per hour	\$ 116.00
Lactation Counseling (Certified Lactation Educators - CLE)	per hour	\$ 113.00
Professional Education Presentation by HEA	per hour	\$ 88.00
Registered Dietitian / Certified Diabetic Educator (RD/CDE) (consultation or presentation)	per hour	\$ 116.00
International Board Certified Lactation Consultant (IBCLC)	per hour	\$ 116.00
Staff Training (for non-County providers)	per hour	\$ 88.00
Lactation Educator Course (20-hour course for health professionals taught by an IBCLC)	per participant	\$ 469.00
Lactation Counselor Course (40-hour course for health professionals taught by an IBCLC)	per participant	\$ 930.00
Grow Our Own Lactation Consultant Course (105-hour IBCLC Prep Course)	per participant	\$ 1,700.00
Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef	per class	\$ 665.00

* travel expenses charged separately for out of Riverside County classes

Staff Development

CPR (Cardiopulmonary Resuscitation) Class	per participant	\$ 74.00
Basic Life Support CPR (Cardiopulmonary Resuscitation) Class - Hybrid	per participant	\$ 77.00
Heartsaver First Aid Class	per participant	\$ 91.00
General Population Shelter Class	per participant	\$ 47.00
Stop the Bleed Class	per participant	\$ 26.00
Aerosol Transmissible Disease & Blood Borne Pathogens Class	per participant	\$ 58.00
Fit Testing Class	per participant	\$ 53.00

Vital Records:

I. Certified Copies, Search, and Certification of No Public Record:

AVSS Technical Support	per hour	\$ 95.00
Birth - Government Agencies	each	\$ 22.00
Birth - General Public	each	\$ 29.00
Birth Certified Copies, Searches & Certification	each	\$ 29.00
Death Certificate - Government Agency & General Public	each	\$ 24.00
Death Certified Copies, Searches & Certification	each	\$ 24.00
Death Listings - sent to mortuaries	each	\$ 5.00
Admin Fee - Per Authorization Number	each	\$ 1.00
Fetal Death Certificate - Government Agency & General Public	each	\$ 21.00
Still Birth Certified Copies	each	\$ 20.00

*fees as determined by the California Department of Public Health published in an all-county letter pursuant to Health and Safety Code sections 103625, 103650, 103675, 103680, 103685, 103692, 100425, 100430, 103040.1, 103525.5; Welfare and Institutions Code 18966; and Penal Code 14251 for each certified copy to the general public

Description of Activity/Service	Current Approved Fee
---------------------------------	----------------------

II. Permit for Disposition of Human Remains

Regular Permit	each	\$ 12.00
After Hours Permit	each	\$ 12.00

*fees as determined by the California Department of Public Health published in an all-county letter pursuant to Health and Safety Code sections 103625, 103650, 103675, 103680, 103685, 103692, 100425, 100430, 103040.1, 103525.5; Welfare and Institutions Code 18966; and Penal Code 14251 for each certified copy to the general public

III. Other Services

Letter of Non-Contagious Disease	each - max 2	\$ 10.00
Letter of Authentication	each	\$ 10.00
Paternity Declaration (to DCSS only)	each	\$ 10.00

Proposed Fee:

€	5.30
€	19.70
€	4.40
\$	15.00
€	1.00
€	20.00
	2.30%
\$	25.00
\$	87.00
€	43.50
€	26.00

€	100.00
---	--------

€	20.00
€	20.00
€	20.00
\$	50.00
\$	50.00
\$	130.00
€	130.00
€	130.00
€	130.00
\$	130.00
\$	320.00
€	39.00
€	39.00
€	88.00
\$	82.00
\$	156.00
\$	204.00
€	110.00
€	110.00
€	51.00
\$	51.00
\$	90.00
€	90.00
€	90.00
€	90.00
\$	38.00
\$	38.00
\$	20.00
€	20.00
€	20.00
€	58.00
\$	120.00
\$	120.00
\$	300.00
€	140.00
€	199.00
€	330.00

Proposed Fee:	
\$	198.00
\$	198.00
\$	198.00
\$	198.00
\$	290.00
\$	350.00
\$	312.00
\$	152.00
\$	130.00
\$	130.00
\$	360.00
\$	360.00
\$	600.00
\$	600.00
\$	600.00
\$	55.00
\$	55.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
\$	126.00
	\$2.00 - \$90.00
	\$45.00 - \$250.00

\$3.00 - \$10.00
\$20.00 - \$45.00
\$0.00 - \$50.00

\$	100.00
\$	107.00
\$	43.00
\$	20.00
\$	12.00
\$	6.00
\$	37.00
\$	20.00
\$	75.00
\$	18.86

\$	11.00
\$	52.64

Proposed Fee:	
\$	52.64
\$	14.00
\$	19.00
\$	18.00
\$	15.00
\$	19.00
\$	19.00
\$	50.00
\$	30.00
\$	15.00
\$	15.00
\$	15.00
\$	19.00
\$	50.00
\$	38.00
\$	38.00
\$	19.00
\$	50.00
\$	9.00
\$	50.00
\$	50.00
\$	100.00
\$	9.00
\$	23.00
\$	25.00
\$	24.00
\$	25.00
\$	64.26
\$	22.00
\$	21.00
\$	21.00
\$	29.00
\$	64.26
\$	52.64
\$	36.12
\$	13.34
\$	20.28
\$	52.64
\$	127.65
\$	6.47
\$	213.95
\$	8.09
\$	19.32
\$	76.97
\$	19.58
\$	25.00
\$	75.00
\$	52.64
\$	18.00
\$	37.00
\$	143.70
\$	52.64
\$	105.30
\$	6.41
\$	92.97
\$	625.17
\$	21.59
\$	7.77
\$	17.97
\$	17.97

Proposed Fee:	
\$	9.00
\$	9.00
\$	27.00
\$	9.00
\$	140.00
\$	52.64
\$	19.32
\$	21.59
\$	25.28
\$	52.64
\$	52.64
\$	127.65
\$	64.26
\$	64.26
\$	22.49
\$	15.50
\$	17.66
\$	52.64
\$	15.48
\$	22.00
\$	207.00
\$	36.00
\$	36.00
\$	266.64

\$	500.00
\$	9.40
\$	43.00
\$	25.00
\$	13.64
\$	19.23

\$	116.00
----	--------

\$	123.00
\$70.00 - \$300.00	
\$	7.00

\$0 or \$20
\$0 to \$1440
\$0 to \$1380
\$0 to \$1320

Proposed Fee:
\$0 to \$1260
\$0 to \$1200

\$27.54
\$13.29 per patient
\$9.77 per patient

\$ 88.00
\$ 116.00
\$ 113.00
\$ 88.00
\$ 116.00
\$ 116.00
\$ 88.00
\$ 469.00
\$ 930.00
\$ 1,900.00
\$ 665.00

\$ 74.00
\$ 85.00
\$ 100.00
\$ 50.00
\$ 26.00
\$ 58.00
\$ 53.00

\$ 95.00
\$ 24.00
\$ 34.00
\$ 34.00
\$ 26.00
\$ 26.00
\$ 5.00
\$ 1.00
\$ 23.00
\$ 21.00

Proposed Fee:

\$	12.00
\$	12.00

\$	10.00
\$	10.00
\$	10.00

NOTICE OF PUBLIC HEARING BEFORE THE BOARD OF SUPERVISORS OF RIVERSIDE COUNTY ON AN ORDINANCE, ALL DISTRICTS

NOTICE IS HEREBY GIVEN that a public hearing at which interested persons will be heard, will be held before the Board of Supervisors of Riverside County, California, on the 1st Floor Board Chambers, County Administrative Center, 4080 Lemon Street, Riverside, on Tuesday, March 24, 2026 at 9:30 a.m., or as soon as possible thereafter, to consider adoption of the following Ordinance:

ORDINANCE NO. 73418

AN ORDINANCE OF THE COUNTY OF RIVERSIDE AMENDING

ORDINANCE 734 RELATING TO ESTABLISHING FEES, CHARGES, AND RATES FOR COUNTY PUBLIC HEALTH SERVICES AND SUPPLIES

The Board of Supervisors of the County of Riverside ordains as follows:

Section 1. Purpose

The purpose of this Ordinance is to revise fees for certain services and supplies furnished by the County of Riverside in the field of health through Riverside University Health System - Public Health (RUHS PH).

Section 2. Fees and Charges

Section 2 of Ordinance No. 734 is hereby amended in its entirety to read as follows: "Riverside University Health System - Public Health fees and charges shall be listed on Schedule 1"

Section 3. Severability

Should any fee herein established by law to be invalid or otherwise unenforceable, such determination shall not affect the validity of all remaining provisions.

Section 4. Repeal of Ordinance 73417

This Ordinance repeals Ordinance 73417 in its entirety.

Section 5. Effective Date

This ordinance shall take effect thirty (30) days after its adoption.

RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES

Ordinance 73418 Schedule 1

Description of Activity/Service	Current Approved Fee	Proposed Fee
Business Services:		
Certified Mail (Registered)	per item	\$ 4.35 \$ 5.30
Certified Mail (Registered)	per item	\$ 16.80 \$ 19.70
Certified Mail (Registered)	per item	\$ 3.55 \$ 4.40
Records Processing Fee (Subpoena/Records Request Clerical Fee plus pass through third party costs)	per request	\$ 15.00 \$ 15.00
Receipts Printing Fee	per page	\$ 1.00 \$ 1.00
Business Check	each	\$ 20.00 \$ 20.00
Merchant Fee Charge - Debit and Credit Card Payments	per transaction	\$ - 2.30%
Medical Documents, X-Rays & Images (CD included plus pass through third party costs)	per request	\$ 25.00 \$ 25.00
Therapeutic Med ID Program (MMIC)	each	\$ 87.00 \$ 87.00
Therapeutic Med ID Program (MMIC) - Medical Patients	each	\$ 43.50 \$ 43.50
Dog Importation Health Certificate Administration Fee	each	\$ 26.00 \$ 26.00
Epidemiology		
Special Data Request Fee	per hour	\$ 100.00 \$ 100.00
Immunizations		
Adult Vaccine Services		
Fluklok Trivalent PFS (Sanofi Pasteur) - Influenza Vaccine	CPT 90673	\$ - \$ 20.00
Fluzone Trivalent PFS (Sanofi Pasteur) - Influenza Vaccine	CPT 90656	\$ - \$ 20.00
Fluarix PFS 0.5ml (GlaxoSmithKline) - Influenza Vaccine	CPT 90654	\$ 20.00 \$ 20.00
Adacel (Sanofi Pasteur) - Tetap Vaccine	CPT 90715	\$ - \$ 50.00
BDOSTRIX (GlaxoSmithKline) - Tetap Vaccine	CPT 90705	\$ 50.00 \$ 50.00
Covid-19, PEDS, 0.3ml (Pfizer) - Covid Vaccine	CPT 91319	\$ 130.00 \$ 130.00
Covid-19, Comirnaty 12+, Hfs-sucrose, 0.5ml (Pfizer) - Covid Vaccine	CPT 91320	\$ 130.00 \$ 130.00
Covid-19, PEDS, PF, 0.25ml (Moderna) - Covid Vaccine	CPT 91321	\$ 130.00 \$ 130.00
Covid-19, Spikevax 12+, PF, 0.5ml (Moderna) - Covid Vaccine	CPT 91322	\$ 130.00 \$ 130.00
Covid-19, mNEXSPIKE 12+, PF, 0.5ml (Moderna) - Covid Vaccine	CPT 91323	\$ - \$ 130.00
Jynneos (Bavarian Nordic A/S) - Orthopox Vaccine	CPT 90611	\$ - \$ 320.00
DAPTACEL (Sanofi Pasteur) - DTap Vaccine	CPT 90709	\$ - \$ 39.00
INFANRIX (GlaxoSmithKline) - DTap Vaccine	CPT 90700	\$ - \$ 39.00
PEDIARIX DTap/Hep B/HPV (GlaxoSmithKline) - DTap Combo Vaccine	CPT 90723	\$ - \$ 88.00
KINAX DTap/HPV (GlaxoSmithKline) - DTap Combo Vaccine	CPT 90956	\$ - \$ 82.00
Penacel DTap/HPV/Hib (Sanofi Pasteur) - DTap Combo Vaccine	CPT 90638	\$ - \$ 156.00
VAXELIS DTap/HPV/Hep B (MSD Vaccine Co.) - DTap Combo Vaccine	CPT 90697	\$ - \$ 204.00
HAVERIX - Adult (Sanofi Pasteur) - Hep A adult Vaccine	CPT 90632	\$ - \$ 100.00
VADTA - Adult (Merck and Co.) - Hep A adult Vaccine	CPT 90633	\$ - \$ 100.00
HAVERIX - Peds (2 dose) (GlaxoSmithKline) - Hep A pediatric Vaccine	CPT 90633	\$ - \$ 51.00
VADTA - Peds (2 dose) (Merck and Co.) - Hep A pediatric Vaccine	CPT 90633	\$ - \$ 51.00
HEPIVAX-B (Novartis) - Hep B adult Vaccine	CPT 90719	\$ - \$ 90.00
ENGERIX-B - Adult (GlaxoSmithKline) - Hep B adolescent or pediatric Vaccine	CPT 90746	\$ - \$ 90.00
Hep B ADACEL (Merck and Co.) - Hep B adolescent or pediatric Vaccine	CPT 90746	\$ - \$ 90.00
RECOMBIVAX HB - Dialysis (GlaxoSmithKline) - Hep B adult Vaccine	CPT 90740	\$ - \$ 90.00
ENGERIX-B - Peds (GlaxoSmithKline) - Hep B PEDS Vaccine	CPT 90744	\$ - \$ 38.00
RECOMBIVAX HB - Peds (GlaxoSmithKline) - Hep B PEDS Vaccine	CPT 90744	\$ - \$ 38.00
PedvaxHB Hib (PRP-OMP) (Merck and Co.) Hib Vaccine	CPT 90647	\$ - \$ 20.00
ActHIB Hib (PRP-T) (Sanofi Pasteur) - Hib Vaccine	CPT 90648	\$ - \$ 20.00
Hibrix Hib (PRP-T) (GlaxoSmithKline) - Hib Vaccine	CPT 90648	\$ - \$ 20.00
IPOL IPV (Sanofi Pasteur) - Polio Vaccine	CPT 90713	\$ - \$ 58.00
MM-IB (Merck and Co.) - MMR Vaccine	CPT 90707	\$ - \$ 120.00
PRODIR (GlaxoSmithKline) - MMR Vaccine	CPT 90707	\$ - \$ 103.00
ProQuad (Merck and Co.) - MMRV Vaccine	CPT 90716	\$ - \$ 300.00
MMVAX (Merck and Co.) - Varicella Vaccine	CPT 90716	\$ - \$ 100.00
SINGRIX (GlaxoSmithKline) - Shingles Vaccine	CPT 90750	\$ 199.00 \$ 199.00
Shingrix (Merck and Co.) - HPV Vaccine	CPT 90651	\$ 310.00 \$ 330.00
MenQuadri (Sanofi Pasteur) - Meningococcal Conjugate Vaccine	CPT 90734	\$ - \$ 198.00
MenQuadri (Sanofi Pasteur) - Meningococcal Conjugate Vaccine	CPT 90619	\$ 198.00 \$ 198.00
Menveo (Teva) (GlaxoSmithKline) - Meningococcal Conjugate Vaccine	CPT 90734	\$ 198.00 \$ 198.00
Menveo (Teva) (GlaxoSmithKline) - Meningococcal Conjugate Vaccine	CPT 90734	\$ 198.00 \$ 198.00
Menveo (2 vial) (GlaxoSmithKline) - Meningococcal Conjugate Vaccine	CPT 90734	\$ 198.00 \$ 198.00
Prevnar 20 (Pfizer) - Pneumococcal Conjugate Vaccine	CPT 90677	\$ - \$ 290.00
Capviva PCV21 (Merck and Co.) - Pneumococcal Conjugate Vaccine	CPT 90684	\$ - \$ 350.00
VAXNEUVANCE PCV 15 (Merck and Co.) - Pneumococcal Conjugate Vaccine	CPT 90671	\$ - \$ 312.00
PNEUMOVAX 23 (Merck and Co.) - Pneumococcal Polysaccharide Vaccine	CPT 90732	\$ - \$ 152.00
ROTARIX (2 dose) (GlaxoSmithKline) - Rotavirus Vaccine	CPT 90681	\$ - \$ 130.00
Rotarix (3 dose) (Merck and Co.) - Rotavirus Vaccine	CPT 90680	\$ - \$ 130.00
AREXVY (GlaxoSmithKline) - RSV adult Vaccine	CPT 90678	\$ - \$ 360.00
AREXVY (GlaxoSmithKline) - RSV infant Vaccine	CPT 90382	\$ - \$ 600.00
Bevyfortis 0.5 mL (babies under 5 kg) (Sanofi Pasteur) - RSV Monoclonal Antibody Infant Vaccine	CPT 90388	\$ - \$ 600.00
Bevyfortis 1mL (babies over 5 kg) (Sanofi Pasteur) - RSV Monoclonal Antibody Infant Vaccine	CPT 90388	\$ - \$ 600.00
TDVAX (Merck) - TD Vaccine	CPT 90714	\$ - \$ 55.00
TENVAX (Sanofi Pasteur) - TD Vaccine	CPT 90714	\$ - \$ 55.00
Vaccinations for Travel		
YF-VAX (Sanofi Pasteur) - Yellow Fever Vaccine	CPT 90719	\$ - \$ 70.00 \$ 400.00
Typhim Vi (Sanofi Pasteur) - Typhoid Vaccine	CPT 90691	\$ - \$ 70.00 \$ 400.00

Description of Activity/Service	Current Approved Fee	Proposed Fee
Vaccine (Bavarian Nordic A/S) - Cholera Vaccine	CPT 90625	\$ 570.00 \$ 410.00
Ticovac Tick-Borne Encephalitis 0.25 mL (Pfizer) - Encephalitis Vaccine	CPT 90625	\$ 370.00 \$ 310.00
Ticovac Tick-Borne Encephalitis 0.5 mL (Pfizer) - Encephalitis Vaccine	CPT 90627	\$ 370.00 \$ 310.00
Iatrogenic Encephalitis (Vaccine) - Encephalitis Vaccine	CPT 90738	\$ 70.00 \$ 400.00
Imovax Rabies (Glaxo Pasteur) - Rabies Vaccine	CPT 90675	\$ 370.00 \$ 410.00
Robovet (Bavarian Nordic A/S) - Rabies Vaccine	CPT 90675	\$ 370.00 \$ 400.00
Mozquirix (GlaxoSmithKline) - Malaria Vaccine	CPT N/A	\$ 370.00 \$ 400.00
VIMKINYA Recombinant (Bavarian Nordic A/S) - Chikungunya Vaccine	CPT 90503	\$ 70.00 \$ 400.00
VIMKINYA Live attenuated (Bavarian Nordic A/S) - Chikungunya Vaccine	CPT 90580	\$ 70.00 \$ 400.00
Student Nursing Coordinator	per hour	\$ 112.00
Vacination Administration Fee**		\$ 2.00 \$ 50.00
Travel Visit Counseling Fee**	CPT 91401	\$ 45.00 \$ 23.00

*Clinical Services not listed will be charged at 15 times the prevailing Medicare or Medicaid rate, whichever is lower

**Billing fee scale dependent on number of visits and type

***Billing fee scale based on number of visits and program used

****Billing fee scale based on duration and complexity of visit

Injury Prevention Services:

Bicycle Helmets*	each	\$ 3.00 \$ 3.00
Regular Car Seats*	each	\$ 20.00 \$ 20.00
Special Needs Car Seat*	each	\$ 50.00 \$ 50.00

*Billing fee scale based on income

Non-Clinical Laboratory Fees:

Fees for Registration of Non-Diagnostic General Health Assessment Program

Annual Physical/Physician Program	each	\$ 100.00 \$ 100.00
Additional Tests	each	\$ 12.00 \$ 107.00
Additional Program	each	\$ 43.00 \$ 43.00
Additional Site	each	\$ 20.00 \$ 20.00
Additional Personnel	each	\$ 12.00 \$ 12.00
Additional Tests	each	\$ - \$ 6.00
Research Charges	each	\$ 12.00 \$ 12.00
Research Personnel Charges	each	\$ 20.00 \$ 20.00
Non Diagnostic General Health Assessment Consultation	per hour	\$ 75.00 \$ 75.00
Signe Test - Instrument Sterilization (at 28 weeks)		\$ 18.86 \$ 18.86

Clinical Laboratory Fees:

Acid Fast Stain (Auramine)	CPT 87206	\$ 10.00 \$ 10.00
Amplification Probe - Chlamydia	CPT 87491	\$ 52.64 \$ 52.64
Amplification Probe - Gonorrhea	CPT 87591	\$ 52.64 \$ 52.64
Concoctate	CPT 87015	\$ 19.00 \$ 19.00
Culture O157 E coli stool cult bacteria each/STEC	CPT 87046	\$ 19.00 \$ 19.00
Culture Aerobic (culture bacteria - other)	CPT 87070	\$ 18.00 \$ 18.00
Culture Bordetella pertussis (culture screen only)	CPT 87081	\$ 15.00 \$ 15.00
Culture Campylobacter	CPT 87041	\$ 19.00 \$ 19.00
Culture E.coli (each culture bacteria)	CPT 87045	\$ 19.00 \$ 19.00
Culture for Identification	CPT 87071	\$ 50.00 \$ 50.00
Culture Fungus	CPT 87072	\$ 30.00 \$ 30.00
Culture Gonorrhea (GC) (culture screen only)	CPT 87081	\$ 15.00 \$ 15.00
Culture Group A Strept (Throat) (culture screen only)	CPT 87081	\$ 15.00 \$ 15.00
Culture Group B strep (vaginal/rectal culture screen only)	CPT 87081	\$ 15.00 \$ 15.00
Culture Salmonella/Shigella (feces culture (culture))	CPT 87045	\$ 19.00 \$ 19.00
Culture TB	CPT 87116	\$ 50.00 \$ 50.00
FA Cryptosporidium (A/E) PFS	CPT 87271	\$ 38.00 \$ 38.00
FA Giardia (A/E) PFS	CPT 87269	\$ 38.00 \$ 38.00
FA Pneumocystis carinii (A/E) PFS	CPT 87281	\$ 38.00 \$ 38.00
FA Babesia	CPT N/A	\$ 50.00 \$ 50.00
Fecal Leukocyte (feces gram stain)	CPT 87055	\$ 9.00 \$ 9.00
Fungus (A/E) PFS	CPT 87071	\$ 50.00 \$ 50.00
Fungus (B/E) PFS	CPT 87071	\$ 50.00 \$ 50.00
HEP/HPV PCR Assay	CPT 87555	\$ 100.00 \$ 100.00
Gram Stain (smear)	CPT 87205	\$ 9.00 \$ 9.00
Hepatitis A IgM Antibody	CPT 87670	\$ 23.00 \$ 23.00
Hepatitis A Total Antibody	CPT 87670	\$ 25.00 \$ 25.00
Hepatitis B Surface Antibody	CPT 87674	\$ 25.00 \$ 25.00
Hepatitis B Detection Test by Nucleic Acid (Quantitative)	CPT 87517	\$ 64.26 \$ 64.26
Hepatitis B Surface Antibody	CPT 87676	\$ 22.00 \$ 22.00
Hepatitis B Surface Antigen (Ag EIA)	CPT 87340	\$ 21.00 \$ 21.00
Hepatitis B Surface Antigen PLUS (Confirmatory) (Ag EIA)	CPT 87341	\$ 21.00 \$ 21.00
Hepatitis C Antibody	CPT 87603	\$ 29.00 \$ 29.00
Hepatitis C Detection Test by Nucleic Acid (Quantitative)	CPT 87522	\$ 64.26 \$ 64.26
HIV-1 SeroSeq Virus, Amplified Probe	CPT 87531	\$ 52.64 \$ 52.64
HIV-1 Antigen/Antibody Screen (HIV-1/2-1/2-1/2-1/2 assay)	CPT 87393	\$ 36.12 \$ 36.12
HIV-1 Western Confirmation	CPT 87501	\$ - \$ 13.34
HIV-2 Western Confirmation	CPT 87502	\$ - \$ 20.28
HIV-1 Detection Test by Nucleic Acid (Amplified Probe Technique)	CPT 87535	\$ 52.64 \$ 52.64
HIV-1 Detection Test by Nucleic Acid (Quantitative)	CPT 87535	\$ 127.65 \$ 127.65
H. influenzae	CPT 87005	\$ 6.47 \$ 6.47
Influenza SARS-CoV-2 Multiplex RT-PCR	CPT 87426	\$ 213.95 \$ 213.95
Karyotype analysis for TB ID	CPT 87206	\$ 8.09 \$ 8.09
Meningitis antibody for TB ID	CPT 87605	\$ 19.32 \$ 19.32
Monkey Pox	CPT 87593	\$ 36.09 \$ 76.97
Mumps Antibody IgG	CPT 87375	\$ 10.58 \$ 10.58
Mycobacteria, Rapid sensitivities (TB PCR SensiEA drug XG)	CPT 87196	\$ 25.00 \$ 25.00
Mycobacteria Species Identification	CPT 87118	\$ 75.00 \$ 75.00
Mycoplasma genitalium	CPT 87563	\$ 52.64 \$ 52.64
Ova & Parasite - Concentration (smears)	CPT 87217	\$ 8.00 \$ 19.00
Ova & Parasite - Trichrome (smear complex stain)	CPT 87209	\$ 37.00 \$ 37.00
PCR - Influenza A/B	CPT 87502	\$ 143.20 \$ 143.20
PCR - Mumps and Measles	CPT 87998	\$ 52.64 \$ 52.64
PCR - Norovirus	CPT 87801	\$ 105.30 \$ 105.30
Pinworm	CPT 87073	\$ 6.41 \$ 6.41
Quantitative EIA TB	CPT 87489	\$ 32.87 \$ 32.87
Respiratory Panel 21	CPT 87523	\$ 626.17 \$ 626.17
Rubella IgG Antibody	CPT 87662	\$ 31.59 \$ 31.59
Salmonella serotyping	CPT 87417	\$ 777 \$ 777
Shiga-toxin 1EIA	CPT 87427	\$ 17.97 \$ 17.97
Shiga-toxin 2 EIA	CPT 87427	\$ 17.97 \$ 17.97
Syphilis (RPR) - Qualitative	CPT 87505	\$ 9.00 \$ 9.00
Syphilis (RPR) - Quantitative	CPT 87593	\$ 9.00 \$ 9.00
Syphilis (TPHA) Confirmation (treponema pallidum)	CPT 87580	\$ 27.00 \$ 27.00
Typhus Screen EIA Screen (non-tryp-qual)	CPT 86992	\$ 9.00 \$ 9.00
Typhus Screen EIA	CPT 87019	\$ 140.00 \$ 140.00
Urobilinogen uroporphyrin amorph	CPT 87665	\$ 52.64 \$ 52.64
VZV (Vas. Cell. IgG Antibody	CPT 86718	\$ 19.32 \$ 19.32
West Nile Virus IgM Antibody Screen (pre-PCR EIA)	CPT 86783	\$ 21.59 \$ 21.59
West Nile Virus IgG Confirmation	CPT 86783	\$ 25.22 \$ 25.22
Detection of Carbapenem Resistance Genes by Culture or Isolate	CPT 87195	\$ - \$ 52.64
Molecular Carbapenem Resistance Genes	CPT 87798	\$ - \$ 62.64
HIV Viral Load	CPT 87375	\$ 127.65 \$ 127.65
HIV Viral Load	CPT 87375	\$ 64.26 \$ 64.26
HCV-NS5A test	CPT 87524	\$ 84.26 \$ 84.26
Hepatitis B Surface Ab (Quant)	CPT 86317	\$ - \$ 22.49
Hepatitis B Core Ag with Reflex Confirmation	CPT 87340	\$ - \$ 15.50
Hepatitis B Core IgM	CPT 86200	\$ - \$ 17.65
Candida A/B/C screening	CPT 87291	\$ - \$ 52.64
Candida A/B/C Confirmation by Culture	CPT 87801	\$ - \$ 16.48

Description of Activity/Service	Current Approved Fee	Proposed Fee
Adjustment (Behavioral)	CPT N/A	\$ - \$ 22.00
Wastewater Testing (analysis)	CPT N/A	\$ - \$ 207.00
New Molecular Tests/Analyte	CPT N/A	\$ - \$ 36.00
New Serology Tests/Analyte	CPT N/A	\$ - \$ 36.00
New Serology Tests/Analyte	CPT N/A	\$ - \$ 256.44

*Clinical Services not listed will be charged at 15 times the prevailing Medicare or Medicaid rate, whichever is lower

**Fee services where neither the Medicare nor Medicaid rate is available, full cost + 10% will be charged

Disease Control:

Fee for Program of TB Skin Testing Group		\$ 500.00 \$ 500.00
Class Fee		\$ 9.40 \$ 9.40
Per Capita Student Fee		\$ 43.00 \$ 43.00
Tuberculosis (TB) Clinician	CPT 90711	\$ - \$ 25.00
Nurse Visit	CPT 96415	\$ - \$ 13.64
Oral Medication Administration with Direct Observation (DOT) - per encounter	CPT 90032	\$ - \$ 19.23

*Clinical Services not listed will be charged at 15 times the prevailing Medicare or Medicaid rate, whichever is lower

Nursing:

Detention Facility Inspection (Site visit, analysis of notes, report issuance)	per hour	\$ 116.00 \$ 116.00
Coast-Graded HW Testing		\$ 123.00 \$ 123.00
Education Classes for Sex and Drug Offenders (see by Judge)		\$ 70.00 \$ 70.00
Infectious Disease Inquiries	CPT 90711	\$ - \$ 7.00

*Clinical Services not listed will be charged at 15 times the prevailing Medicare or Medicaid rate, whichever is lower

California Children's Services (CCS):

CCS Assessment Fee (Depends on family size & adjusted gross income)		\$ 0 \$ 20
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (3)		\$ 0 to \$1440 \$ 0 to \$1440
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (2)		\$ 0 to \$1360 \$ 0 to \$1360
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1)		\$ 0 to \$1320 \$ 0 to \$1320
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (6 or more)		\$ 0 to \$1260 \$ 0 to \$1260

*Clinical Services not listed will be charged at 15 times the prevailing Medicare or Medicaid rate, whichever is lower

The Press-Enterprise

3512 14th Street
Riverside, CA 92501
Willoughby, OH 44096
951-368-9222
951-368-9018 FAX

BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE
PO BOX 1147
RIVERSIDE, CA 92502

.....

Account Number: 5209148

Ad Order Number: 0011782439

Customer's Reference
/ PO Number:

Publication: The Press-Enterprise

Publication Dates: 03/11/2026

Amount: \$4,593.10

Payment Amount: \$0.00

Invoice Text: **Current Proposed**

Description of Activity/Service Approved Fee Fee:

Birth - Government Agencies each \$ 22.00 \$ 24.00

Birth - General Public each \$ 29.00 \$ 34.00

Birth Certified Copies,

Searches & Certification each \$ 29.00 \$ 34.00

Death Certificate - Government

Agency & General Public each \$ 24.00 \$ 26.00

Death Certified Copies, Searches &

Certification each \$ 24.00 \$ 26.00

Death Listings - sent to mortuaries each \$ 5.00 \$ 5.00

Admin Fee - Per Authorization Number each \$ 1.00 \$ 1.00

Fetal Death Certificate -

Government Agency & General Public each \$ 21.00 \$ 23.00

Still Birth Certified Copies each \$ 20.00 \$ 21.00

*fees as determined by the California Department of Public Health published in an all-county letter pursuant to Health and Safety Code sections 103625, 103650, 103675, 103680, 103685, 103692, 100425, 100430, 103040.1, 103525.5; Welfare and Institutions Code 18966; and Penal Code 14251 for each certified copy to the general public

II. Permit for Disposition of Human Remains

Regular Permit each \$ 12.00 \$ 12.00

After Hours Permit each \$ 12.00 \$ 12.00

*fees as determined by the California Department of Public Health published in an all-county letter pursuant to Health and Safety Code sections 103625, 103650, 103675, 103680, 103685, 103692, 100425, 100430, 103040.1, 103525.5; Welfare and Institutions Code 18966; and Penal Code 14251 for each certified copy to the general public

III. Other Services

Letter of Non-Contagious Disease each - max 2 \$ 10.00 \$ 10.00

Letter of Authentication each \$ 10.00 \$ 10.00

Paternity Declaration (to DCSS only) each \$ 10.00 \$ 10.00

Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147 or email cob@rivco.org.

Alternative formats available upon request to individuals with disabilities. If you require reasonable accommodation, please contact Clerk of the Board at (951) 955-1069.

Dated: March 4, 2026 Kimberly A. Rector, Clerk of the Board

By: Ana Garcia, Clerk of the Board Assistant

Published The Press-Enterprise 3/11/2026

The Press-Enterprise

3512 14th Street
Riverside, CA 92501
Willoughby, OH 44096
951-368-9222
951-368-9018 FAX

5209148

BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE
PO BOX 1147
RIVERSIDE, CA 92502

Publication: The Press-Enterprise

PROOF OF PUBLICATION OF

Ad Desc:

Legal No. **0011782439**

Ad Copy:

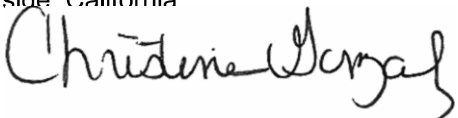
PROOF OF PUBLICATION

I am a citizen of the United States. I am over the age of eighteen years and not a party to or interested in the above entitled matter. I am an authorized representative of THE PRESS-ENTERPRISE, a newspaper in general circulation, printed and published daily in the County of Riverside, and which newspaper has been adjudicated a newspaper of general circulation by the Superior Court of the County of Riverside, State of California, under date of April 25, 1952, Case Number 54446, under date of March 29, 1957, Case Number 65673, under date of August 25, 1995, Case Number 267864, and under date of September 16, 2013, Case Number RIC 1309013; that the notice, of which the annexed is a printed copy, has been published in said newspaper in accordance with the instructions of the person(s) requesting publication, and not in any supplement thereof on the following dates, to wit:

03/11/2026

I certify (or declare) under penalty of perjury that the foregoing is true and correct:

Date: March 11, 2026.
At: Riverside, California



Legal Advertising Representative, The Press-Enterprise

Legal Notice | **Legal Notice** | **Legal Notice** | **Legal Notice** | **Legal Notice**

NOTICE OF PUBLIC HEARING BEFORE THE BOARD OF SUPERVISORS OF RIVERSIDE COUNTY ON AN ORDINANCE, ALL DISTRICTS

NOTICE IS HEREBY GIVEN that a public hearing at which all interested persons will be heard, will be held before the Board of Supervisors of Riverside County, California, on the 1st Floor Board Chambers, County Administrative Center, 4080 Lemon Street, Riverside, on Tuesday, March 24, 2026 at 9:30 a.m., or as soon as possible thereafter, to consider adoption of the following Ordinance:

ORDINANCE NO. 734.18
AN ORDINANCE OF THE COUNTY OF RIVERSIDE
AMENDING
ORDINANCE 734 RELATING TO ESTABLISHING FEES, CHARGES,
AND RATES FOR COUNTY PUBLIC HEALTH SERVICES AND SUPPLIES

Section 1. Purpose

The purpose of this Ordinance is to revise fees for certain services and supplies furnished by the County of Riverside in the field of health through Riverside University Health System - Public Health (RUHS-PH).

Section 2. Fees and Charges

Section 2 of Ordinance No. 734 is hereby amended in its entirety to read as follows: "Riverside University Health System - Public Health fees and charges shall be listed on Schedule 1"

Section 3. Severability

Should any fee herein established by held to be invalid or otherwise unenforceable, such determination shall not affect the validity of all remaining fee provisions.

Section 4. Repeal of Ordinance 734.17

This Ordinance repeals Ordinance 734.17 in its entirety.

Section 5. Effective Date

This ordinance shall take effect thirty (30) days after its adoption.

COUNTY OF RIVERSIDE
RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES
Ordinance 734.18 Schedule 1

Description of Activity/Service	Current Approved Fee	Proposed Fee:
Business Services:		
Certified Mail	per item \$ 4.35	\$ 5.30
Certified Mail (Registered)	per item \$ 16.80	\$ 19.70
Certified Mail (Receipt Requested)	per item \$ 3.55	\$ 4.40
Records Processing Fee		
(Subpoena/Records Request Clerical Fee)		
plus pass through third party costs	per request \$ 15.00	\$ 15.00
Records Copying Fee	per page \$ 1.00	\$ 1.00
Returned Checks	each \$ 20.00	\$ 20.00
Merchant Fee Charge -		
Debit and Credit Card Payments per transaction	\$ -	2.30%
Medical Documents, X-Rays & Images		
(CD included) plus pass through third party costs	per request \$ 25.00	\$ 25.00
Therapeutic Med ID Program (MMIC)	\$ 87.00	\$ 87.00
Therapeutic Med ID Program (MMIC) - Medi-Cal patients	\$ 43.50	\$ 43.50
Dog Importation Health Certificate Administration Fee	each \$ 26.00	\$ 26.00
Epidemiology		
Special Data Request Fee	per hour \$ 100.00	\$ 100.00
Immunizations		
Mobile Team Vaccines		
Flublok Trivalent PFS (Sanofi Pasteur) - Influenza Vaccine	CPT 90673 \$ -	\$ 20.00
Fluzone Trivalent PFS (Sanofi Pasteur) - Influenza Vaccine	CPT 90656 \$ -	\$ 20.00
Fluarix PFS 0.5mL (GlaxoSmithKline) - Influenza Vaccine	CPT 90656 \$ 20.00	\$ 20.00
Adacel (Sanofi Pasteur) - Tdap Vaccine	CPT 90715 \$ -	\$ 50.00
BOOSTRIX (GlaxoSmithKline) - Tdap Vaccine	CPT 90715 \$ 50.00	\$ 50.00
Covid-19, PEDS, 0.3mL (Pfizer) - Covid Vaccine	CPT 91319 \$ 130.00	\$ 130.00
Covid-19, Comirnaty 12 +, tris-sucrose, 0.3mL (Pfizer) - Covid Vaccine	CPT 91320 \$ 130.00	\$ 130.00
Covid-19 PEDS, PF, 0.25mL (Moderna) - Covid Vaccine	CPT 91321 \$ 130.00	\$ 130.00
Covid-19, Spikevax 12 +, PF, 0.5mL (Moderna) - Covid Vaccine	CPT 91322 \$ 130.00	\$ 130.00
Covid-19, mNEXSPIKE 12 +, PF, 0.5mL (Moderna) - Covid Vaccine	CPT 91323 \$ -	\$ 130.00
Jynneos (Bavarian Nordic A/S) - Orthopox Vaccine	CPT 90611 \$ -	\$ 320.00
DAPTACEL (Sanofi Pasteur) - DTap Vaccine	CPT 90700 \$ -	\$ 39.00
INFANRIX (GlaxoSmithKline) - DTap Vaccine	CPT 90700 \$ -	\$ 39.00
PEDIARIX DTap/Hep B/IPV (GlaxoSmithKline) - DTap Combo Vaccine	CPT 90723 \$ -	\$ 88.00
KINRIX DTap/IPV (GlaxoSmithKline) - DTap Combo Vaccine	CPT 90696 \$ -	\$ 82.00
Pentacel DTap/IPV/Hib (Sanofi Pasteur) - DTap Combo Vaccine	CPT 90698 \$ -	\$ 156.00
VAXELIS DTap/IPV/Hib/Hep B (MSP Vaccine Co) - DTap Combo Vaccine	CPT 90697 \$ -	\$ 204.00
HAVRIX - Adult (GlaxoSmithKline) - Hep A adult Vaccine	CPT 90632 \$ -	\$ 110.00
VAQTA - Adult (Merck and Co) - Hep A adult Vaccine	CPT 90632 \$ -	\$ 110.00
HAVRIX - Peds (2 dose) (GlaxoSmithKline) - Hep A ped/adol Vaccine	CPT 90633 \$ -	\$ 51.00
VAQTA - Peds (2 dose) (Merck and Co) - Hep A ped/adol Vaccine	CPT 90633 \$ -	\$ 51.00
HEPLISAV-B (Dynavax) - Hep B adult Vaccine	CPT 90739 \$ -	\$ 90.00
ENGERIX-B - Adult (GlaxoSmithKline) - Hep B adolescent or pediatric Vaccine	CPT 90746 \$ -	\$ 90.00
Hep B-A20: S21PEDS (Merck and Co) - Hep B adolescent or pediatric Vaccine	CPT 90746 \$ -	\$ 90.00
RECOMBIVAX HB - Dialysis (GlaxoSmithKline) - Hep B adult Vaccine	CPT 90740 \$ -	\$ 90.00
ENGERIX-B - Peds (GlaxoSmithKline) - Hep B PEDS Vaccine	CPT 90744 \$ -	\$ 38.00
RECOMBIVAX HB - Peds (GlaxoSmithKline) - Hep B PEDS Vaccine	CPT 90744 \$ -	\$ 38.00
PedvaxHIB Hib (PRP-OMP) (Merck and Co) - Hib Vaccine	CPT 90647 \$ -	\$ 20.00
ActHIB Hib (PRP-T) (Sanofi Pasteur) - Hib Vaccine	CPT 90648 \$ -	\$ 20.00
Hiberix Hib (PRP-T) (GlaxoSmithKline) - Hib Vaccine	CPT 90648 \$ -	\$ 20.00
IPOL IPV (Sanofi Pasteur) - Polio Vaccine	CPT 90713 \$ -	\$ 58.00
M-M-R II (Merck and Co) - MMR Vaccine	CPT 90707 \$ -	\$ 120.00
PRIORIX (GlaxoSmithKline) - MMR Vaccine	CPT 90707 \$ 103.00	\$ 120.00
PROQuad (Merck and Co) - MMRV Vaccine	CPT 90710 \$ -	\$ 300.00
VARIVAX (Merck and Co) - Varicella Vaccine	CPT 90716 \$ 140.00	\$ 140.00
SHINGRIX (GlaxoSmithKline) - Shingles Vaccine	CPT 90750 \$ 199.00	\$ 199.00
Garasil 9 (Merck and Co) - HPV Vaccine	CPT 90651 \$ 330.00	\$ 330.00
Menactra (Sanofi Pasteur) - Meningococcal Conjugate Vaccine	CPT 90734 \$ -	\$ 198.00
MenQuadfi (Sanofi Pasteur) - Meningococcal Conjugate Vaccine	CPT 90619 \$ 198.00	\$ 198.00
Menveo (1 vial) (GlaxoSmithKline) - Meningococcal Conjugate Vaccine	CPT 90734 \$ 198.00	\$ 198.00
Menveo (2 vial) (GlaxoSmithKline) - Meningococcal Conjugate Vaccine	CPT 90734 \$ 198.00	\$ 198.00
Prevnar 20 (Pfizer) - Pneumococcal Conjugate Vaccine	CPT 90677 \$ -	\$ 290.00
Capvaxive PCV21 (Merck and Co) - Pneumococcal Conjugate Vaccine	CPT 90684 \$ -	\$ 350.00
VAXNEUVANCE PCV 15 (Merck and Co) - Pneumococcal Conjugate Vaccine	CPT 90671 \$ -	\$ 312.00
PNEUMOVAX 23 (Merck and Co) - Pneumococcal Polysaccharide Vaccine	CPT 90732 \$ -	\$ 152.00
ROTARIX (2 dose) (GlaxoSmithKline) - Rotavirus Vaccine	CPT 90681 \$ -	\$ 130.00
RotaTeq (3 dose) (Merck and Co) - Rotavirus Vaccine	CPT 90680 \$ -	\$ 130.00
ABRYSVO (Pfizer) - RSV adult Vaccine	CPT 90678 \$ -	\$ 360.00
AREXVY (GlaxoSmithKline) - RSV adult Vaccine	CPT 90679 \$ -	\$ 360.00
ENFLONIA (Merck and Co) - RSV infant Vaccine	CPT 90382 \$ -	\$ 600.00
Beyfortus 0.5 mL (babies under 5 kg) (Sanofi Pasteur) - RSV Monoclonal Antibody infant Vaccine	CPT 90380 \$ -	\$ 600.00
Beyfortus 1 mL (babies over 5 kg) (Sanofi Pasteur) - RSV Monoclonal Antibody infant Vaccine	CPT 90381 \$ -	\$ 600.00
TDVAX (Grifols) - TD Vaccine	CPT 90714 \$ 55.00	\$ 55.00
TENIVAC (Sanofi Pasteur) - TD Vaccine	CPT 90714 \$ -	\$ 55.00
Vaccinations for Travel *		
YF-VAX (Sanofi Pasteur) - Yellow Fever Vaccine	CPT 90717 \$ -	\$ 70.00 - \$400.00
Typhim Vi (Sanofi Pasteur) - Typhoid Vaccine	CPT 90691 \$ -	\$ 70.00 - \$400.00
Vaxchora (Bavarian Nordic A/S) - Cholera Vaccine	CPT 90625 \$ -	\$ 70.00 - \$400.00
Ticovac Tick-Borne Encephalitis 0.25 mL (Pfizer) - Encephalitis Vaccine	CPT 90625 \$ -	\$ 70.00 - \$400.00
Ticovac Tick-Borne Encephalitis 0.5 mL (Pfizer) - Encephalitis Vaccine	CPT 90627 \$ -	\$ 70.00 - \$400.00
Ixiaro Japanese Encephalitis (Valneva USA) - Encephalitis Vaccine	CPT 90738 \$ -	\$ 70.00 - \$400.00
Imovax Rabies (Sanofi Pasteur) - Rabies Vaccine	CPT 90675 \$ -	\$ 70.00 - \$400.00
Rabavert (Bavarian Nordic A/S) - Rabies Vaccine	CPT 90675 \$ -	\$ 70.00 - \$400.00
Mosquirix (GlaxoSmithKline) - Malaria Vaccine	CPT N/A \$ -	\$ 70.00 - \$400.00
VIMKUNYA Recombinant (Bavarian Nordic A/S) - Chikungunya Vaccine	CPT 90593 \$ -	\$ 70.00 - \$400.00
VIMKUNYA Live attenuated (Bavarian Nordic A/S) - Chikungunya Vaccine	CPT 90589 \$ -	\$ 70.00 - \$400.00
Student Nursing Coordinator Vaccination Administration Fee**	per hour \$ 2.00 - \$90.00	\$ 126.00 - \$90.00
Travel Visit Counseling Fee***	CPT 99401 \$ -	\$ 45.00 - \$250.00

*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.
 **Sliding fee scale dependent on number of doses and type
 ***Sliding fee scale based on funding source and program used
 ****Sliding fee scale based on destination and complexity of visit

Injury Prevention Services:

Bicycle Helmets*	each	\$3.00 - \$10.00	\$3.00 - \$10.00
Regular Car Seats*	each	\$20.00 - \$45.00	\$20.00 - \$45.00
Special Needs Car Seat*	each	\$0.00 - \$50.00	\$0.00 - \$50.00

Non-Clinical Laboratory Fees:
 Fees for Registration of Non-Diagnostic General Health Assessment Program :

Annual Operator/Organization Registration	each	\$ 100.00	\$ 100.00
Additional Dates	each	\$ 12.00	\$ 107.00
Additional Program	each	\$ 43.00	\$ 43.00
Additional Site	each	\$ 20.00	\$ 20.00

Description of Activity/Service	Current Approved Fee	Proposed Fee:
Additional Personnel	each \$ 12.00	\$ 12.00
Additional Tests	each \$ -	\$ 6.00
Record Changes	each \$ 12.00	\$ 37.00
Review Procedural Changes	each \$ 20.00	\$ 20.00
Non Diagnostic General Health Assessment Consultation	per hour \$ 75.00	\$ 75.00
Spore Test - Instrument Sterilization (at 28 weeks)	\$ 18.86	\$ 18.86
Clinical Laboratory Fees:		
Acid Fast Smear (Auramine)	CPT 87206 \$ 11.00	\$ 11.00
Amplification Probe - Chlamydia	CPT 87491 \$ 52.64	\$ 52.64
Amplification Probe - Gonorrhea	CPT 87591 \$ 52.64	\$ 52.64
Concentrate Culture 0157 E. coli (stool cultr bacteria each)/STEC	CPT 87046 \$ 19.00	\$ 19.00
Culture Aerobic (culture bacteria - other)	CPT 87070 \$ 18.00	\$ 18.00
Culture Bordetella pertussis (culture screen only)	CPT 87081 \$ 15.00	\$ 15.00
Culture Campylobacter	CPT 87046 \$ 19.00	\$ 19.00
Culture Enteric (feces culture bacteria)	CPT 87045 \$ 19.00	\$ 19.00
Culture for Identification	CPT 87077 \$ 50.00	\$ 50.00
Culture Fungus	CPT 87102 \$ 30.00	\$ 30.00
Culture Gonorrhea (GC) (culture screen only)	CPT 87081 \$ 15.00	\$ 15.00
Culture Group A strep (Throat) (culture screen only)	CPT 87081 \$ 15.00	\$ 15.00
Culture Group B strep (vaginal/rectal) (culture screen only)	CPT 87081 \$ 15.00	\$ 15.00
Culture Salmonella/Shigella (feces culture bacteria)	CPT 87045 \$ 19.00	\$ 19.00
Culture TB	CPT 87116 \$ 50.00	\$ 50.00
FA Cryptosporidium (AG IF)	CPT 87272 \$ 38.00	\$ 38.00
FA Giardia (AG IF)	CPT 87269 \$ 38.00	\$ 38.00
FA Pneumocystis carinii (AG IF)	CPT 87281 \$ 19.00	\$ 19.00
FA Rabies	CPT N/A \$ 50.00	\$ 50.00
Fecal Leukocyte (smear gram stain)	CPT 89055 \$ 9.00	\$ 9.00
Fungus ID Mold	CPT 87107 \$ 50.00	\$ 50.00
Fungus ID Yeast	CPT 87106 \$ 50.00	\$ 50.00
MTB/RIF PCR Assay	CPT 87556 \$ 100.00	\$ 100.00
Gram Stain (smear)	CPT 87205 \$ 9.00	\$ 9.00
Hepatitis A IgM Antibody	CPT 86709 \$ 23.00	\$ 23.00
Hepatitis A Total Antibody	CPT 86708 \$ 25.00	\$ 25.00
Hepatitis B Core IgM Antibody	CPT 86705 \$ 24.00	\$ 24.00
Hepatitis B Core Total Antibody	CPT 86704 \$ 25.00	\$ 25.00
Hepatitis B Detection Test by Nucleic Acid (Quantification)	CPT 87517 \$ 64.26	\$ 64.26
Hepatitis B Surface Antibody	CPT 86706 \$ 22.00	\$ 22.00
Hepatitis B Surface Antigen (AG EIA)	CPT 87340 \$ 21.00	\$ 21.00
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)	CPT 87341 \$ 21.00	\$ 21.00
Hepatitis C Antibody	CPT 86803 \$ 29.00	\$ 29.00
Hepatitis C Detection Test by Nucleic Acid (Quantification)	CPT 87522 \$ 64.26	\$ 64.26
Herpes Simplex Virus, Amplified Probe	CPT 87529 \$ 52.64	\$ 52.64
HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay)	CPT 87389 \$ 36.12	\$ 36.12
HIV-1 Geenus Confirmation	CPT 86701 \$ -	\$ 13.34
HIV-2 Geenus Confirmation	CPT 86702 \$ -	\$ 20.28
HIV-1 Detection Test by Nucleic Acid (Amplified Probe Technique)	CPT 87535 \$ 52.64	\$ 52.64
HIV-1 Detection Test by Nucleic Acid (Quantification)	CPT 87536 \$ 127.65	\$ 127.65
ID of Parasite	CPT 87169 \$ 6.47	\$ 6.47
Influenza SARS-CoV-2 Multiplex rRT-PCR	CPT 87636 \$ 213.95	\$ 213.95
Kinyoun staining for TB ID	CPT 87206 \$ 8.09	\$ 8.09
Measles Antibody IgG	CPT 86765 \$ 19.32	\$ 19.32
Monkey Pox	CPT 87593 \$ 35.09	\$ 76.97
Mumps Antibody IgG	CPT 86735 \$ 19.58	\$ 19.58
Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6)	CPT 87188 \$ 25.00	\$ 25.00
Mycobacterium Species Identification	CPT 87118 \$ 75.00	\$ 75.00
Mycoplasma genitalium	CPT 87563 \$ 52.64	\$ 52.64
Ova & Parasite - Concentration (smears)	CPT 87177 \$ 18.00	\$ 18.00
Ova & Parasite - Trichrome (smear complex stain)	CPT 87209 \$ 37.00	\$ 37.00
PCR - Influenza A/B	CPT 87502 \$ 143.70	\$ 143.70
PCR - Measles and Mumps	CPT 87798 \$ 52.64	\$ 52.64
PCR - Norovirus	CPT 87801 \$ 105.30	\$ 105.30
Pinworm	CPT 87172 \$ 6.41	\$ 6.41
QuantIFERON-TB	CPT 86480 \$ 92.97	\$ 92.97
Respiratory Panel 2.1	CPT 87633 \$ 625.17	\$ 625.17
Rubella IgG Antibody	CPT 86762 \$ 21.59	\$ 21.59
Salmonella serogrouping	CPT 87147 \$ 7.77	\$ 7.77
Shiga-toxin 1 EIA	CPT 87427 \$ 17.97	\$ 17.97
Shiga-toxin 2 EIA	CPT 87427 \$ 17.97	\$ 17.97
Syphilis (RPR) - Qualitative	CPT 86592 \$ 9.00	\$ 9.00
Syphilis (RPR) - Quantitative	CPT 86593 \$ 9.00	\$ 9.00
Syphilis (TPPA) Confirmation (treponema pallidum)	CPT 86780 \$ 27.00	\$ 27.00
Syphilis Serum EIA Screen (non-trep qual)	CPT 86592 \$ 9.00	\$ 9.00
Systemic Fungus Probe	CPT 87797 \$ 140.00	\$ 140.00
Trichomonas vaginalis amplif	CPT 87661 \$ 52.64	\$ 52.64
VZV (Varicella) IgG Antibody	CPT 86787 \$ 19.32	\$ 19.32
West Nile Virus IgM Antibody Screen (prev. WNV EIA)	CPT 86789 \$ 21.59	\$ 21.59
West Nile Virus IgM Confirmation	CPT 86788 \$ 25.28	\$ 25.28
Detection of Carbapenem Resistance Genes by Culture or Isolate	CPT 87150 \$ -	\$ 52.64
Molecular Carbapenem Resistance Genes	CPT 87798 \$ -	\$ 52.64
HIV Viral Load	CPT 87536 \$ 127.65	\$ 127.65
HBV Viral Load	CPT 87517 \$ 64.26	\$ 64.26
HCV Viral Load	CPT 87522 \$ 64.26	\$ 64.26
Hepatitis B Surface Ab (Quant)	CPT 86317 \$ 22.49	\$ 22.49
Hepatitis B Surface Ag	CPT 86317 \$ -	\$ -
with Reflex Confirmation	CPT 87340 \$ -	\$ 15.50
Hepatitis B Core IgM	CPT 86705 \$ -	\$ 17.66
Candida Auris PCR screening	CPT 87798 \$ -	\$ 52.64
Candida Auris Confirmation by Culture	CPT 87106 \$ -	\$ 15.48
Arbovirus Panel (Mosquitoes)	CPT N/A \$ -	\$ 22.00
Wastewater Testing (per analyte)	CPT N/A \$ -	\$ 207.00
New Molecular Tests/Analyte	CPT N/A \$ -	\$ 36.00
New Serology Tests/Analyte	CPT N/A \$ -	\$ 36.00
New Sequencing Tests/Analyte	CPT N/A \$ -	\$ 266.64
*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.		
*For services where neither the Medicare nor Medi-Cal rate is available, full cost + 10% will be charged.		
Disease Control:		
Fee for Provision of TB Skin Testing Group :		
Class Fee	\$ 500.00	\$ 500.00
Per Capita Student Fee	\$ 9.40	\$ 9.40
Tuberculosis (TB) Clearance	\$ 43.00	\$ 43.00
Nurse Visit	CPT 99211 \$ -	\$ 25.00
Venipuncture	CPT 36415 \$ -	\$ 13.64
Oral Medication Administration with Direct Observation (DOT) - per encounter	CPT H0033 \$ -	\$ 19.23
*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.		
Nursing:		
*Detention Facility Inspection (Site visit, analysis of menu, report issuance)	per hour \$ 116.00	\$ 116.00
HIV/STD		
Court-Ordered HIV Testing	\$ 123.00	\$ 123.00
Education Classes for Sex and Drug Offenders (set by Judge)	\$ 70.00 - \$300.00	\$ 70.00 - \$300.00
Testosterone Cypionate injection	CPT J1071 \$ -	\$ 7.00
*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.		
California Children's Services (CCS):		
CCS Assessment Fee: (Depends on family size & adjusted gross income)	\$ 0 or \$20	\$ 0 or \$20
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment		


Legal Notice	Legal Notice	Legal Notice	Legal Notice	Legal Notice
Description of Activity/Service		Current Approved Fee		Proposed Fee:
Birth - Government Agencies	each	\$ 22.00		\$ 24.00
Birth - General Public	each	\$ 29.00		\$ 34.00
Birth Certified Copies, Searches & Certification	each	\$ 29.00		\$ 34.00
Death Certificate - Government				
Agency & General Public	each	\$ 24.00		\$ 26.00
Death Certified Copies, Searches & Certification	each	\$ 24.00		\$ 26.00
Death Listings - sent to mortuaries	each	\$ 5.00		\$ 5.00
Admin Fee - Per Authorization Number	each	\$ 1.00		\$ 1.00
Fetal Death Certificate - Government Agency & General Public	each	\$ 21.00		\$ 23.00
Still Birth Certified Copies	each	\$ 20.00		\$ 21.00
*fees as determined by the California Department of Public Health published in an all-county letter pursuant to Health and Safety Code sections 103625, 103650, 103675, 103680, 103685, 103692, 100425, 100430, 103040.1, 103525.5; Welfare and Institutions Code 18966; and Penal Code 14251 for each certified copy to the general public				
II. Permit for Disposition of Human Remains				
Regular Permit	each	\$ 12.00		\$ 12.00
After Hours Permit	each	\$ 12.00		\$ 12.00
*fees as determined by the California Department of Public Health published in an all-county letter pursuant to Health and Safety Code sections 103625, 103675, 103680, 103685, 103692, 100425, 100430, 103040.1, 103525.5; Welfare and Institutions Code 18966; and Penal Code 14251 for each certified copy to the general public				
III. Other Services				
Letter of Non-Contagious Disease	each - max 2	\$ 10.00		\$ 10.00
Letter of Authentication	each	\$ 10.00		\$ 10.00
Paternity Declaration (to DCSS only)	each	\$ 10.00		\$ 10.00

Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147 or email cob@rivco.org.

Alternative formats available upon request to individuals with disabilities. If you require reasonable accommodation, please contact Clerk of the Board at (951) 955-1069.

Dated: March 4, 2026
 Kimberly A. Rector, Clerk of the Board
 By: Ana Garcia, Clerk of the Board Assistant
 Published The Press-Enterprise 3/11/2026

Legal Notice	Legal Notice	Legal Notice	Legal Notice	Legal Notice
--------------	--------------	--------------	--------------	--------------



CITY OF RIVERSIDE NOTICE OF PUBLIC HEARING

City of Arts & Innovation

YOU ARE HEREBY NOTIFIED that the City Council of the City of Riverside will hold a Public Hearing regarding the following item:

CASE NUMBER: PR-2024-001666 (RZ, PM, DR, DA, EIR)

APPLICANT: Steven Christie of SCIND
Massachusetts Point, LLC.

LOCATION: 2626 Kansas Avenue, 2069 Massachusetts Avenue, and 1989 Massachusetts Avenue, situated on the north side of Massachusetts Avenue, east of Kansas Avenue and south of Roberta Street, Ward 2

PROPOSAL: Consider the following entitlements to facilitate development of two warehouse buildings consisting of 99,900 square feet and 99,950 square feet: (1) Zoning Code Map/Text Amendment to change the Innovation District Overlay Zone subdistrict from EE - Employment Emphasis and HE - Housing Emphasis subdistricts to IE - Industrial Emphasis subdistrict, to allow for the Warehousing and Distribution Facility use, and modify development standards of the IE - Industrial Emphasis subdistrict; (2) Tentative Parcel Map for a two lot subdivision for condominium purposes; (3) Design Review of project plans; (4) Development Agreement; and (5) Environmental Impact Report.

ENVIRONMENTAL DETERMINATION: The City of Riverside has prepared a Draft Environmental Impact Report for this project. All significant effects of the proposed project have been reduced to less than significant with implementation of mitigation measures.

Mail written statements to City Clerk, City Hall, 3900 Main Street, Riverside, CA 92522, or via email City_Clerk@RiversideCA.gov. Comments via eComments feature may be submitted through 11:00 a.m. on March 24, 2026, at www.RiversideCA.gov/Meeting.

If you challenge the above proposed action in court, you may be limited to raising only those issues you or someone else raised at the public hearing described in this notice, or in written correspondence delivered to the City Clerk of the City of Riverside at, or prior to, the public hearing.

Dated, published and mailed: March 11, 2026
The Press-Enterprise
 Published: 3/11/26

CITY COUNCIL PUBLIC HEARING

Art Pick Council Chamber, City Hall
3900 Main Street, Riverside, CA 92522

Live webcast can be viewed at
www.RiversideCA.gov/Meeting

To listen to the public hearing live and provide public comment by phone call
(951) 826-8686.

MEETING DATE: March 24, 2026
MEETING TIME: 3:00 p.m.

CONTACT PLANNER: Candice Assadzadeh
PHONE: (951) 826-5667
E-MAIL: CAssadzadeh@RiversideCA.gov

DONESIA GAUSE, MMC
City Clerk of the City of Riverside

Legal Notice	Legal Notice	Legal Notice	Legal Notice	Legal Notice
--------------	--------------	--------------	--------------	--------------

REQUEST FOR QUOTE (RFQ) # FCARC-00200 for CUSTOM BUILD-OUT OF THREE F-550 CAB and CHASSIS WITH SPECIFIED FENCE TRUCK BODY

The Riverside County Flood Control and Water Conservation District (District) is soliciting bids from qualified companies for the build-out of three F-550 fence truck bodies, cab and chassis provided, as detailed in RFQ FCARC-00200.

The RFQ details, including submittal requirements, can be viewed and downloaded from the District's website at: <https://rcflood.org> under Public Notices.

Respondents must submit their final bids on or before Thursday, March 26, 2026, no later than 1:30 p.m. Bids can be accepted hard copy or electronically.

The Riverside County Flood Control and Water Conservation District
 1995 Market Street, Riverside, CA 92501

Attn: Annie Ortega
 Re: RFQ FCARC-00200

United States District Court

SOUTHERN DISTRICT OF CALIFORNIA

State Farm Fire and Casualty Company

Civil Action No. 25-cv-02283-W-DDL

Plaintiff

V.

Alumicraft LLC, a California limited Liability company;
 Alumi Craft Inc., a California corporation; Grant
 Yoakum, as Personal Representative of the Estate of
 Brian Kuhnh; Does 1-25

Defendant

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)
 AlumiCraft Inc., a California corporation

A lawsuit has been filed against you.


Within 21 days after service of this summons on you (not counting the day you received it) - or 60 days if you are the United States or a United States agency, or an office or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) - You must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Stephen Michael Hayes
 333 Twin Dolphin Drive
 Suite 230
 Redwood City, CA 94065

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 9/3/25 John Morrill
 CLERK OF COURT

S/ S. Tweedle
 Signature of Clerk or Deputy Clerk



The Press-Enterprise
 Published: 3/4, 3/11, 3/18, 3/25/26

**SUMMONS (CITACION JUDICIAL)
AND NOTICE OF EMINENT DOMAIN PROCEEDING
CASE NUMBER (Número del Caso): CVR12501825**

NOTICE TO DEFENDANT (AVISO AL DEMANDADO): DONNA LEE GILMORE AS TRUSTEE OF THE GILMORE TRUST; ALL PERSONS UNKNOWN CLAIMING AN INTEREST IN THE PROPERTY; and DOES 1 THROUGH 100, inclusive.

YOU ARE BEING SUED BY PLAINTIFF (LO ESTA DEMANDANDO EL DEMANDANTE): City of Riverside, a California charter city and municipal corporation.

NOTICE! You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.

You have **30 CALENDAR DAYS** after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site (www.lawhelpcalifornia.org), the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), or by contacting your local court or county bar association. **NOTE:** The court has a statutory lien for waived fees and costs on any settlement or arbitration award of \$10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case.

AVISO! Lo han demandado. Si no responde dentro de 30 días, la corte puede decidir en su contra sin escuchar su versión. Lea la información a continuación. Tiene **30 DÍAS DE CALENDARIO** después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services (www.lawhelpcalifornia.org), en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov) o poniéndose en contacto con la corte o el colegio de abogados locales. **AVISO:** Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de \$10,000 o más de valor recibida mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desear el caso.

The name and address of the court is (El nombre y dirección de la corte es):
Riverside County Superior Court 4050 Main Street, Riverside, California 92501

The name, address, and telephone number of plaintiff's attorney is (El nombre, la dirección y el número de teléfono del abogado del demandante es):
Debra K. Cook, Senior Deputy City Attorney, 3750 University Ave. #250, Riverside, CA 92501, (951) 826-5567

DATE (Fecha): April 3, 2025
 Jason B. Galkin, Clerk (Secretario)
 by Kenneth Thomsen, Deputy (Adjunto)

NOTICE OF NATURE OF ACTION AND DESCRIPTION OF PROPERTY:
 Please take notice that the above-entitled action is an action in Eminent Domain brought by Plaintiff City of Riverside to acquire a temporary construction easement in certain real property for a public use and purpose, specifically the Third Street Grade Separation Project.

Pursuant to California Code of Civil Procedure Section 1250.125, the real property sought to be condemned in this proceeding is located in the City of Riverside, County of Riverside, State of California, and is legally described as follows:

Assessor's Parcel Number (APN): 211-022-003.
 Address: 3496 Commerce Street.
 Legal Description: The Southwesterly 7.00 feet of Lot 37 in Block 4 of White's Addition as shown by Map on file in Book 6, Page 48 of Maps, Records of San Bernardino County, California, Area - 840 S.F., more or less.
THIS TEMPORARY EASEMENT SHALL BE IN EFFECT FOR 36 MONTHS FROM THE DATE THE CITY TAKES POSSESSION OF THE TEMPORARY EASEMENT OR NOVEMBER 3, 2025, WHICHEVER IS LATER.
 Published The Press Enterprise 3/11, 3/18, 3/25, 4/1

NOTICE OF LIEN SALE
 We, Allied Towing LLC has a 2019 Frht LC#s None CA Vin #s: 3AKJGLDR5K5K4859 Which will be sold on 3/16/2026 at 10:00Am At 14641 Hunter St, Fontana, CA

We, Steve's Towing has a 2022 Frht LC#s ZP72293 CA Vin #s: 3AKJHHR5NSNF1611 2016 Kia LC#s 8KBY715 CA Vin #s: KNAPFKA6XG5619312 Which will be sold on 3/18/2026 at 10:00Am At 9529 8th Street, Rancho Cucamonga, CA

We, Steve's Towing has a 2023 Volk LC#s 9RDA146 CA Vin #s: 3WV5M7B5USPM032823 2015 Chev LC#s 9PRV439CA Vin #s: 2C31WA5E32F1124462 Which will be sold on 3/16/2026 at 10:00Am At 9529 8th Street, Rancho Cucamonga, CA

We, Steve's Towing has a 2021 Chev LC#s None CA Vin #s: 1GC4YPEY2MF281979 Which will be sold on 3/18/2026 at 10:00Am At 1746 S Sycamore Ave., Rialto CA

We, Steve's Towing has a 2022 Intl LC#s ZP67806 CA Vin #s: 3HSDZAPR2NN171923 2016 Niss LC#s 7UBA673 CA Vin #s: 3N1AB7AP8GY296648 2017 Niss LC#s 8BMM163 CA Vin #s: 3N1AB7AP2HY407745 Which will be sold on 3/17/2026 at 10:00Am At 9529 8th Street, Rancho Cucamonga

Inland Valley Daily Bulletin - SB
 Published: 3/11/26

NOTICE OF PUBLIC SALE
 NOTICE IS HEREBY GIVEN pursuant to California Civil Code § 798.56a and California Commercial Code §§ 7209 and 7210 that the following described property will be sold by Country Lake MHC, at public auction to the highest bidder for certified funds, in lawful money of the United States, or a cashier's check to Country Lake MHC, payable at time of sale on Thursday, March 19, 2026, at 10:00 a.m., at the following location: 21100 State Street, Space 62 aka #62, San Jacinto, CA 92583

The parties believed to claim an interest in the mobilehome are: Daisi Cruz aka Daisi Isabel Cruz and Giovanni Cisneros.

Said sale is to be held without covenant or warranty as to possession, financing, encumbrances, or otherwise on an "as is," "where is" basis. The property which will be sold is: MANUFACTURER: UNKNOWN TRADE NAME: HOMETTE MODEL NUMBER: UNKNOWN YEAR: 1965 H.C.D. DECAL NO: LBF7380 SERIAL NO.: S133XX, S133XXU

The current location of the subject property is: 21100 State Street, Space 62 aka #62, San Jacinto, CA 92583.

The total amount due on this property, including estimated costs, expenses and advances as of the date of the public sale, is Twenty-Four Thousand Seven Hundred Forty-Seven Dollars and Thirteen Cents (\$24,747.13). The auction will be made for the purpose of satisfying the lien on the property, together with the cost of the sale.

Dated: March 4, 2026
 RUDDEROW LAW GROUP
 Andrew M. Jun, Authorized Agent for Country Lake MHC
 Contact: Renee Bessett
 (949) 565-1344
 3/4, 3/11/26
PE-4017104#
THE HEMET NEWS

FICTITIOUS BUSINESS NAME STATEMENT FILED
County of Riverside
Peter Aldana
Assessor-County Clerk-Recorder
R-202601759 02/02/2026

The following person(s) is (are) doing business as:

- 1.) POOLSIDE VACATION RENTALS
- 2.) POOLSIDE VACATION RENTALS INC.
- 3.) VACATION POOLSIDE

69-730 HWY 111, SUITE 112
RANCHO MIRAGE, CA 92270
 Riverside County
 Full name of all registrants and address:
POOLSIDE VACATION RENTALS INC.
 69-730 HWY 111 SUITE 112
RANCHO MIRAGE, CA 92270
 State of Inc./Org./Reg.: CA
 This business is conducted by: **Corporation**
 Registrant has commenced to transact business under the fictitious business name or names listed above on: **03/19/2020**

I declare that all information in this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)
 /s/ **JUSTIN VASQUEZ, CEO**
 This statement was filed with the County Clerk of Riverside County on date indicated by file stamp above

NOTICE - In Accordance with Subdivision (a) of Section 17920, a Fictitious Name Statement generally expires at the end of five years from the date on which it was filed in the office of the County Clerk, Except, as provided in Subdivision (b) of Section 17920, where it expires 40 days after any change in the facts set forth in the statement pursuant to Section 17913 other than a change in the residence address of a registered owner. A new Fictitious Business Name statement must be filed before the expiration. The filing of this statement does not of itself authorize the use in this state of a Fictitious Business Name in violation of the rights of another under federal, state, or common law (see Section 14411 et seq., Business Professions Code).
 I hereby certify that this copy is a correct copy of the original statement on file in my office.
Peter Aldana
 Riverside County Clerk

The Press-Enterprise
 Published: 2/18, 2/25, 3/4, 3/11/26

Need Renters?



**Call about our
rental ad specials**

909.483.9300