



PIMA COUNTY HEALTH DEPARTMENT
CLINIC SERVICES BILLING FORM

(Use ONLY this form when sending an employee/student for services – No other forms will be accepted)

Date: _____

Referring Agency:

- ResCare HomeCare, PCOA FOR ALL, Direct Center for Independence, One Stop Career Center, United Cerebral Palsy, Child Parent Centers, Primavera, Brown Mackie College, Other: _____

Name of Employee/Student (print): _____ DOB: _____ mm/dd/yyyy

Our agency agrees to be billed for and pay for services rendered:

Authorized by (print): _____ Signature: _____

Title (print): _____ Phone: _____

Service(s) Requested:

- MMR, Td, Hepatitis B Series, Other: _____, Varicella, Tdap, Hepatitis A series, TB Skin Test, Chest X-ray (TB Clinic only), Clearance Card (TB Clinic only)

THIS SECTION FOR PCHD STAFF ONLY

Service Date: _____

Office Providing Service:

- South, North, East, Green Valley, Ajo, Catalina, TB Clinic

Service(s) Provided:

- MMR, Td, Tdap, Hepatitis B, Hepatitis A, Varicella, Other: _____, TB Skin Test, Chest X-ray, Clearance Card, Given by: _____

Table with 7 columns: Office Name, Address, Phone Number. Includes TB Main Office, North Office, East Office, South Office, Catalina Office, Green Valley Office, and Ajo Office.