

AUM Student Health Services

INVOICE

P.O. Box 244023
Montgomery, AL 36124
Phone: (334) 244-3281
Fax: 334-244-3396

INVOICE #
20191706

DATE
6/28/2019

BILL TO

Michael Folds
mfolds@aum.edu

Terms

Due Upon Receipt

Date of Service	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
6/17/2019	TB Skin Test	1	15.00	\$ 15.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

Thank you for your business!

SUBTOTAL	15.00
AMOUNT PAID	(10.00)
TAX RATE	-
TAX	-
TOTAL BALANCE	\$ 5.00

Brittaney D Jenkins

From: MFOLDS
To: Brittaney D Jenkins
Sent: Friday, June 28, 2019 3:46 PM
Subject: Read: AUM Student Health Services Invoice

Your message

To: MFOLDS
Subject: AUM Student Health Services Invoice
Sent: Friday, June 28, 2019 3:45:12 PM (UTC-06:00) Central Time (US & Canada)

was read on Friday, June 28, 2019 3:45:30 PM (UTC-06:00) Central Time (US & Canada).

AUM Student Health Services Encounter Form

☐ Carol Stewart	☒ Melodye Harvey	☐ Amy Morris	Appointment Time: AM/PM			
Name: <u>Michael Folds</u>			Date: <u>06/17/19</u>			
Office Visits Non-Student Fee		AUM Student Co-Pay		Re-Check Fee: No Charge		
Limited Service:	\$15.00	\$5.00	Travel RX	\$15.00		
Comprehensive Physical w/o TB Skin Test:	\$25.00	\$25.00	Injection Admin.	\$5.00		
Comprehensive Physical w/ TB Skin Test:	\$40.00	\$40.00	Other:			
GYN w/PAP	\$45.00	\$45.00				
Immunizations: No Office Visit Fee						
		Hepatitis A \$50.00	TB Skin Test (1-Step)	<u>\$15.00</u>		
TDaP \$45.00		Hepatitis B \$50.00	TB Skin Test (2-Step)	\$30.00		
Typhoid \$77.00		Twinrix \$85.00	MMR	\$85.00		
Polio \$45.00		Hepatitis A & B combined	Varicella	\$150.00		
Yellow Fever (Not currently available) \$150.00		Meningococcal \$140.00				
Medications						
Dose Pack \$8.00		Hydrocortisone Cream 2.5% \$6.00	INH 300 mg	\$9.00		
Zincromycin 1G \$6.00		Solumedrol 125 mg injection \$6.00	Ceftriaxone 1G	\$18.00		
Ceftriaxone 250mg \$6.00		Phenergan 25mg/ml \$5.00	Tobramycin 0.3%	\$5.00		
Ketorolac 30 mg \$6.00		Other:	Other:			
Lab Fees		Medication Charges (Formulary)				
Urine Preg. Test	\$10.00	Diagnosis/Services				
Hepatitis B Surface Antibody	\$15.00					
Varicella IgG	\$25.00					
MMR Titer	\$55.00					
CBC	\$7.00					
STI Testing	\$5.00					
Other Lab Fees:						
Total Charges		Services	\$	Total Charges ☒ Cash ☐ Check Charge (Please circle)	Amount Due	\$ <u>15.00</u>
		Medications	\$		Amount Paid	\$ <u>10.00</u>
		Total	\$		(Outstanding)	\$ <u>5.00</u>

