

31153460--01
D-O-RAnthony
Robinson**RESERVE HEALTH READINESS PROGRAM (RHRP)****APPOINTMENT CONFIRMATION**

8/29/2018

To: Hillary Porter
AUM Student Health Services Clinic
7461 East Drive Room 102 Moore
Montgomery, AL 36117

Tel: 334-244-3281

Fax: 334-244-3396

Subject: Appointment Confirmation for Private One Donald Anthony Robinson

Per our conversation, your facility has been assigned to provide the following services for the listed Service member. The patient should present with the necessary forms for the appointment. If there are any changes or problems with the appointment, or if the Service

Member contacts you to cancel or reschedule, please contact LHI immediately.

Appointment Date / Time: 9/5/2018 9:00 AM

Voucher Number: 7627582

Branch of Service: US Army Reserve

Service Member: Private One Donald Anthony Robinson
101 Dunn circle
Troy, AL 36081

Main Telephone: 334-372-3057

Mobile Telephone: 334-372-3057

Last 4: 0197

Date of Birth: 1/1/1997

Service Needed: Hepatitis B Vaccine Injection

*** COMPLETE AND SUBMIT DOCUMENTS TO LHI WITHIN 1 BUSINESS DAY OF THE DATE OF SERVICE ***

Upon Completion:

1. Verify all paperwork has been properly signed.
2. Fax all exam paperwork to LHI immediately following the appointment to the fax number designated on your provider checklist.
3. Process and ship any requested blood and urine specimens, that same day, following the guidelines provided on the lab instruction sheet(s) included in kit.
4. Send any requested non-faxable items (e.g., radiographs) to LHI, 3237 Airport Road, La Crosse WI 54603, within 24 hours, as directed on your provider checklist.
5. Invoice LHI either through the LHI Provider Portal, or by mail to LHI, ATTN: Accounts Payable, 328 Front Street South, La Crosse WI 54601.

For clinical questions or concerns, contact LHI at (888) 852-1988 Monday – Friday from 7AM to 6PM CT. For scheduling concerns, please contact LHI's Scheduling Center at (877) 437-6313 Monday – Friday from 7AM to 10PM and Saturday 7AM to 3PM CT. We appreciate your assistance and look forward to working with you.

This is a transmittal from Logistics Health of La Crosse, Wisconsin and the transmission and/or its attachment may contain information that is confidential or privileged. The information is intended only for the use of the addressee(s), access by anyone else is unauthorized. If this transmission has been seen to you in error, do not review, disseminate, distribute, or copy it. Please immediately reply to the

RESERVE HEALTH READINESS PROGRAM

Service Member Appointment Summary

APPOINTMENT INFORMATION		
NAME Donald Anthony Robinson	CLINIC NAME AUM Student Health Services Clinic	
APPOINTMENT DATE 9/5/2018	APPOINTMENT TIME 9:00 AM	CLINIC PHONE 334-244-3281
SCHEDULED SERVICES Hepatitis B Vaccine Injection Customer Satisfaction Survey Pre-Immunization Questionnaire		CLINIC ADDRESS 7461 East Drive Room 102 Moore Hall Montgomery, AL 36117
GENERAL INSTRUCTIONS		
1. You are directed to report to your appointment at the date and time scheduled. <u>If you are unable to comply, call Reserve Health Readiness Program Customer Service Department at 1-877-437-6313, press 3, at least 24 hours prior to the appointment.</u> Failure to keep your appointment as indicated (or to reschedule or cancel at least 24 hours prior to the appointment) will result in a report to your unit. You will only be allowed to reschedule this appointment twice. 2. Kit Items - <u>Prior to your appointment</u> verify the preprinted information on the examination forms. Bring the <u>entire</u> contents of your kit, including the box you received them in, to your appointment and give to clinic staff upon arrival. 3. Official Voucher - (Army/National Guard only). Sign, date and have clinic sign. Return completed form to your command. If this test is a redo or if you were unable to complete original test, you will not receive a new voucher. 4. Customer Satisfaction Survey - Complete after your appointment and return to the Reserve Health Readiness Program. 5. Unusual Incident Report - Verify preprinted information. <u>Do not complete</u>, Provider use only. 6. Exam Paperwork - Verify preprinted demographic information, correct as necessary. 7. Blood Draws - If you are scheduled for a blood draw, it will be conducted in clinic, please drink plenty of water as hydration enhances the blood draw process.		
SERVICE SPECIFIC INSTRUCTIONS		
Hepatitis B Vaccine • Bring your current PHS-731/CDC-731 or any other record of Immunizations to update your medical readiness. • Females: If you are pregnant or think you might be pregnant, the only immunization you may receive is the injectable Influenza. All other immunizations are to be deferred until your pregnancy ends. If you are pregnant or possibly pregnant and scheduled to receive other immunizations, please call the Reserve Health Readiness Program Customer Service Department at the number above to cancel those services. Forms - If not completed previously online via LHI.Care, ensure that all Service member information is filled-in prior to your appointment, to include: • Pre-Immunization Screening Questionnaire: Review and answer all questions by checking the appropriate box. Your responses will help determine which vaccines may safely be given to you. If a question is unclear seek clarification at the time of appointment. • VAERS: Do not complete provider use only.		



Immunization

NOTE: ALL EXAM PAPERWORK MUST BE RETURNED TO LHI THE SAME DAY THE SERVICE IS COMPLETED**1. FORMS INCLUDED IN KIT**

☒ Voucher For Service	☒ Provider Instructions	☒ Pre-Immunization Screening Questionnaire
☒ Immunization SF 600	☒ Unusual Incident Report (UIR)	☒ VAERS
☒ Customer Satisfaction Survey	☒ Declination of Services Form	☒ LHI Fax Cover Sheet

2. SERVICE**INSTRUCTIONS**

☒ Immunization(s)	Verify the appropriate immunizations to be given as shown on voucher or Provider Instructions. Review Service member's personal immunization record, if provided, to verify need. Per Federal Regulation provide the Service member with appropriate VIS form for each immunization to be received and allow time for Service member to review and ask questions. Ensure that the cold chain has been maintained, vaccines have been stored at the proper temperature, and a temperature log has been maintained by the clinic. Administer needed immunization(s) per manufacturer's guidelines and the "Rights of Medication Administration." > The right patient > The right non-expired vaccine and/or diluent > The right time/interval between multi-dose and/or live virus vaccines > The right dose > The right route, needle length, and technique > The right site > The right documentation Update Service member's PHS-731/CDC-731 or personal immunization record with immunization given, if provided.
---	---

3. FORMS**INSTRUCTIONS**

☒ Voucher For Service (Army Reserve/Active Army/ National Guard only)	Verify validity and expiration date. Ensure Service member signed and dated. Sign in "Verifying Person's Signature" field. Make one copy. Give Service member signed original; keep copy for your records.
☒ Provider Instructions	Service information sheet for military branches that are not Army or National Guard. Identifies Service member and clinical service scheduled at your clinic. No further action is required with this form.
☒ Pre-Immunization Screening Questionnaire	Before administering an immunization(s), review this form for contraindications or precautions to a vaccine. "Yes" responses require comment with sign off. If a contraindication exists, document on the Immunization SF 600, "not given due to contraindication", next to the appropriate vaccine(s). If no contraindication is found after a complete assessment, document on the questionnaire "no contraindication to vaccine." Female Service members - If SM is pregnant or thinks they might be pregnant, immunizations are to be deferred until pregnancy ends, except for influenza immunization. Pregnant Service members may be immunized with inactivated influenza vaccine, injectable only.
☒ Immunization SF 600	Verify Service member's identifying information in the bottom-left corner. Document within the immunization fields: date, shot series if known and appropriate, manufacturer, lot number, expiration date, site, and check VIS box. Ensure name and credentials of vaccine administrator is documented within 'Provider Name' and 'Credential' fields. For Influenza (inactivated, injectable) vaccine, document on appropriate line whether a manufacturer single dose syringe/vial or a multidose vial of Trivalent or Quadrivalent vaccine is utilized.
☒ Unusual Incident Report (UIR)	Complete for any untoward incident. Fax to LHI within 24 hours of the incident at (608) 793-2913. Call LHI at (888) 852-1988 to notify us of the issue. Shred if no incident occurs; there is no need to return to LHI.
☒ VAERS	Complete only if a severe allergic reaction to immunization occurs. Complete all fields and make one copy. Fax to LHI immediately after the incident has stabilized at (608) 793-2913. Call LHI at 888-852-1988 to notify us of the issue. Clinic to retain copy, original is sent to VAERS. Shred if no allergic reaction occurs, no need to send to LHI.



RESERVE HEALTH READINESS PROGRAM
PROVIDER CHECKLIST

☒ Customer Satisfaction Survey	Service member completes (optional). If completed in-clinic, return to LHI with exam documentation.
☒ Declination of Services Form	If the Service member declines a component of the exam, instruct him/her to sign this form. Shred if not used; there is no need to return to LHI.
4. FORMS	INSTRUCTIONS
☒ Exam Forms	Utilizing the LHI Fax Cover Sheet , FAX the Pre-Immunization Screening Questionnaire, SF 600 and any additional forms supplied by the Service member to LHI the same day the service is completed at (877) 269-2565 or (608) 796-9179. The SM does NOT receive a copy of any exam paperwork except for the voucher (if applicable). Provider shall keep all original documentation.

If you have any questions, please contact LHI Provider Assistance Line at (888) 852-1988, ext. 1599.

31153460--02
D-0-R

sender of the transmission either by email at thiprivacy@logisticshealth.com or by toll free telephone at 1-866-264-8788 and destroy or delete the transmission and any attachments. Thank you for your cooperation.

**DEPARTMENT OF THE ARMY
RESERVE HEALTH READINESS PROGRAM**

1-877-437-6313

Reserve Health Readiness Program Voucher No: 7627582
Private One Donald Anthony Robinson
101 Dunn circle
Troy, AL 36081
Phone #: 334-372-3057

328 Front Street South
La Crosse, WI 54601

EXPIRATION: 11/1/2018
NO SERVICES PERFORMED AFTER THIS DATE WILL BE
PAID

DOB/SSN: 1/1/1997 / 0197
UNIT/UIC: 0206 TC CO MED TRK DET1
ZFLA2
Phone #:

ARMY RESERVE TROOP PROGRAM UNIT (TPU) SOLDIERS AND INDIVIDUAL MOBILIZATION AUGMENTEE (IMA) SOLDIERS ARE AUTHORIZED TO PERFORM INACTIVE DUTY TRAINING FOR THE PURPOSE INDICATED. UPON COMPLETION OF DUTY, YOU ARE TO COMPLY WITH THE DIRECTIONS OF YOUR COMMANDING OFFICER.

AUTHORITY: AR 40 - 501

REPORT TO: 294176
AUM Student Health Services Clinic
7461 East Drive Room 102 Moore Hall
Montgomery, AL 36117
334-244-3281
POC: Hillary Porter
Phone #: 334-244-3281

DATE: 9/5/2018 TIME: 9:00 AM

YOU ARE DIRECTED TO REPORT TO THE INDICATED LOCATION AT THE TIME AND DATE SCHEDULED. IF YOU ARE UNABLE TO REPORT AT THE SCHEDULED TIME AND DATE, PLEASE NOTIFY THE RESERVE HEALTH READINESS PROGRAM SCHEDULING CENTER AT 800-398-4455 OR 877-437-6313 AT LEAST 24 HOURS IN ADVANCE.

PURPOSE: Hepatitis B Vaccine Injection

GENERAL INSTRUCTIONS:

1. IF YOU ARE UNABLE TO COMPLY OR NEED ASSISTANCE, CALL YOUR UNIT AS SOON AS POSSIBLE PRIOR TO REPORT DATE. FAILURE TO KEEP AN APPOINTMENT AS ORDERED (TO INCLUDE RESCHEDULING OR CANCELLING THE APPOINTMENT LESS THAN 24 HOURS IN ADVANCE) WILL BE CONSIDERED A "NO-SHOW". NATIONAL GUARD SERVICE MEMBERS WHO ARE "NO-SHOWS" ARE SUBJECT TO ADMINISTRATIVE ACTIONS UNDER STATE UCMJ AUTHORITY. ARMY RESERVE SERVICE MEMBERS WHO ARE "NO-SHOWS" ARE SUBJECT TO ACTIONS UNDER ARTICLE 92, UCMJ. IAW AR 40-501. IT IS THE RESPONSIBILITY OF RESERVISTS TO MAINTAIN THEIR MEDICAL AND DENTAL FITNESS.
2. BRING YOUR MILITARY ID CARD, THIS VOUCHER, AND THE ENTIRE KIT TO THE EXAM SITE.
3. RETURN THE COMPLETED VOUCHER TO YOUR UNIT; THE EXAMINING FACILITY MAY RETAIN A COPY FOR FACILITY RECORDS.
4. THE ARMY DOES NOT PROVIDE ROUTINE MEDICAL CARE TO RESERVISTS NOT ON ACTIVE DUTY. IF YOU HAVE AN ADVERSE EVENT (NON EMERGENT) DUE TO AN IMMUNIZATION OR PROCEDURE, YOU SHOULD CONTACT YOUR UNIT TO INITIATE A LINE OF DUTY (LOD) INVESTIGATION. EMERGENT REACTIONS, SUCH AS ANAPHYLAXIS, WILL BE TREATED IMMEDIATELY BY QUALIFIED MEDICAL PERSONNEL. YOUR UNIT SHOULD BE NOTIFIED AS SOON AS POSSIBLE AFTER SUCH AN EVENT TO INITIATE LOD INVESTIGATION.
5. DEPENDENTS ARE NOT ALLOWED OR AUTHORIZED TO ACCOMPANY YOU.

PERIODIC HEALTH ASSESSMENT (PHA) OR PHYSICAL EXAMS ONLY:

1. IF VENIPUNCTURE IS ORDERED BY COMMAND (SEE PURPOSE ABOVE), SERVICE MEMBERS 39 OR OLDER FOR PHYSICAL EXAM AND 40 OR OLDER FOR PHA ARE REQUIRED TO FAST FOR 12 HOURS PRIOR TO EXAM/PHA. PLEASE DRINK PLENTY OF WATER.
2. IF YOU WEAR EYEGLASSES OR CONTACTS FOR VISUAL CORRECTION, YOU MUST WEAR OR BRING YOUR EYEGLASSES ON THE DAY OF EXAMINATION. VISION TESTING WITH CONTACT LENSES IS NOT ALLOWED.
3. SERVICE MEMBERS WILL PROVIDE COPIES OF THEIR YELLOW SHOT CARD AS APPROPRIATE, ANY CURRENT PROFILE (DA FORM 3349), EITHER TEMPORARY OR PERMANENT, AND ANY CIVILIAN MEDICAL DOCUMENTATION THAT MAY IMPACT EVALUATION OR EXAMINATION, AS APPROPRIATE.
4. FEMALE SERVICE MEMBERS SHOULD BE PREPARED TO HAVE A PELVIC EXAM AND PAP SMEAR IF ORDERED BY COMMAND. YOU MAY PROVIDE DOCUMENTED RESULTS ON THE DAY OF YOUR SCHEDULED APPOINTMENT IF A PELVIC EXAM AND PAP SMEAR WAS PERFORMED WITHIN THE LAST 12 MONTHS.

I HEREBY ACKNOWLEDGE RECEIPT OF THIS VOUCHER AND WILL REPORT TO THE IDENTIFIED PROVIDER AT THE APPOINTED TIME AND DATE.

Donald Anthony Robinson

AUM Student Health Services Clinic

SERVICE MEMBER'S SIGNATURE

DATE

DISTRIBUTION:
1-SERVICE MEMBER
1-UNIT

OFFICIAL VOUCHER FOR SERVICE

RESERVE HEALTH READINESS PROGRAM Providers - Questions or issues regarding billing or services should be directed to Logistics Health (877-437-6313).

VERIFICATION OF SERVICES BY PROVIDER IS REQUIRED. I VERIFY THAT SERVICES LISTED ABOVE HAVE BEEN COMPLETED. THE STATEMENTS ON THIS FORM ARE TRUE AND COMPLETE.

DATE SERVICES PERFORMED _____



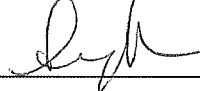
SERVICE MEMBER'S PRINTED NAME

SERVICE MEMBER'S SIGNATURE

DATE

AUM-STUDENT HEALTH CENTER

EXAMINING FACILITY PRINTED NAME

 9/5/18

VERIFYING PERSON'S SIGNATURE

DATE

PENALTY: The penalty for willfully making a false claim is: A maximum fine of \$10,000 or maximum imprisonment of 5 years or both (U.S. Code, Title 18, Sec 287). The Verifying Person must have personal knowledge or documentation supporting the fact that the duty was performed.

Fax Transmission

To: Hillary Porter

From: Logistics Health Inc.

Fax: +1 (334) 2443396

Date: 8/29/2018

RE: #12116949# - Report: RHRP Appointment
Confirmation Letter USAR (Periodic Health

Pages: 4

Comments:

#12116949# - Report: RHRP Appointment Confirmation Letter USAR (Periodic Health Assessment) - OrderId:
31153460 - CustRefNum: 7627582 - Location: ZFLA2

This fax is a PRIVATE AND CONFIDENTIAL communication. This fax may contain confidential and proprietary information and is for the sole use of the intended recipient. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained in this fax is strictly prohibited. If you unintentionally received this fax then please e-mail netadmins@logisticshealth.com of the error and then delete all copies
