

4pm

AUM-STUDENT HEALTH CENTER ENCOUNTER FORM

NAME: Franklin Grizzell DATE: 07-26-2017

OFFICE VISITS	Non-Student Fee	<u>Vector</u> <u>OV</u> AUM Student Co-Pay	Re-Check Fee	No Charge
Limited Service:	\$ 15.00	\$ 5.00	Travel RX	\$ 15.00
Comprehensive Physical	\$ 35.00	\$ 35.00	Inj. Admin.	\$ 5.00
GYN w/ PAP	\$ 45.00	\$ 45.00	Other:	

IMMUNIZATIONS: No Office Visit Fee

Diphtheria & Tetanus TDaP	\$ 30.00 \$ 40.00	Hepatitis A	\$ 40.00	TB skin test 1-step	\$ 10.00
Typhoid	\$ 77.00	Hepatitis B	\$ 50.00	TB skin test 2-step	\$ 20.00
Polio	\$ 45.00	Twinrix Hepatitis A & B combined	\$ 75.00	MMR	\$ 75.00
Yellow Fever	\$ 150.00	Meningococcal	\$ 140.00	Varicella	\$ 150.00

RECEIPT

DATE

09-01-17

No.

254806

RECEIVED FROM

Occu-Med LTD for Franklin Grizzell

\$152

One hundred fifty two & 00/100 DOLLARS

FOR RENT

FOR

Immunizations

ACCOUNT

152

PAYMENT

152

BAL. DUE

CASH

CHECK

MONEY

ORDER

CREDIT

CARD

FROM

TO

BY

SR

Varicella IgG	\$ 25.00
MMR Titer	\$ 55.00
CBC	\$ 7.00
STI Testing	\$ 5.00
Other Lab Fees:	

DIAGNOSIS/SERVICES

Total Charges	Services \$	Intake	Amount Due \$ 152.00
	Meds \$	Cash	Amount Paid \$
	Total \$	Check Charge (Please circle)	(Outstanding) \$ 152.00 pay

RECEIVED JUL 26 2017