



Authorization for Immunization Services

2121 West Bullard Ave, Fresno, CA T:(559) 435-2800 F:(800) 262-2863

OCCU-MED

Applicant Name

Jonathan Brooks

Employer

Michael Baker International

Client Information

Auburn University Montgomery
7461 East Drive
Montgomery, AL 36117
Phone: (334) 244-3281
Fax: (334) 244-3396

Social Security Number

603-40-0094

Job Class

HIT Security Procedure Consultant

Date of Birth

4/13/1985

Exam Type

Occu-VAX Stateside (Iraq)

Appointment Date/Time

1/26/2016 at 1:30 PM

Requested Immunizations

Administration of Immunizations should be restricted to the Immunizations listed below:

Immunization Name	Lot Number	Dose	Initials	Date Given
✓ Tetanus-Diphtheria and Pertussis (TDAP)	9Y57K	0.5cc	Am	1/26/2016
✓ Typhoid Vaccination - Injection	K1536-1	0.5cc	Am	1/26/2016
✓ Influenza - Injection	32N27	0.5cc	Am	1/26/2016

Administration of immunizations and/or titers not specified above is **NOT AUTHORIZED**. An additional Immunization Authorization must be obtained prior to the administration of any immunizations not specified above.

- Occu-Med will not authorize or cover the cost of Rapid Schedule Twinrix.
- All follow-up immunizations are the responsibility of the patient unless explicitly authorized by Occu-Med in writing.

This authorization shall be valid until 2/9/2016

Am - Amy Morris RN-BC

Once the immunizations requested have been administered, please insert the lot numbers, dosage, initials of medical personnel administering vaccines, and date vaccine given on this form and fax to Occu-Med at (800) 262-2863. This documentation will be utilized during the review of invoices and must include lot number, date of service, site of administration and immunizations administered. Payment will not be submitted without such documentation. Doxycycline prescriptions are not to be filled, only written. Occu-Med cannot reimburse for dispensed Doxycycline without a specific written authorization.

Should the patient request any immunizations not authorized through this document, it is vital that they be informed that those treatments will be at his/her own expense and are not required for deployment or by Occu-Med; therefore, immunizations not listed above will not be paid by Occu-Med.

Submission Instructions

- Please call (559) 435-2800 x270 with any questions regarding the testing requested on this authorization
- Immediately fax results to (800) 262-2863 upon completion or alternatively email results to harvesting@occu-med.com

Bill Exam To

Occu-Med
Attn: Accounts Payable
2121 West Bullard Ave
Fresno, CA 93711
T: (559) 435-2800 x269
F: (559) 435-2520