



Authorization for Immunization Services

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

OCCU-MED

Applicant Name Courtney Mitchell	Employer Vectrus	Clinic Information Auburn University Montgomery 7461 East Drive Montgomery, AL 36117 Phone: (334) 244-3281 Fax: (334) 244-3396
Social Security Number 421-33-3388	Job Class Service Desk Administrator I in Afghanistan	Appointment Date/Time 7/26/2018 at 10:00 AM
Date of Birth 8/4/1989	Exam Type Occu-VAX Stateside (Afghanistan)	

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)	65546AA	0.5cc	AM	7/26/18
✓ Hepatitis A & B Combination (Twinrix)	95KG-9	1.0cc	AM	7/26/18
✓ Typhoid Vaccination - oral	N114341M	0.5cc	AM	7/26/18
✓ Injectable Polio	Polio - N1G511M	0.5cc	AM	7/26/18

559-435-2800 x:130 Verified

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 8/9/2018

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.

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.

AM - Amy Morris RN

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 <i>Created 7/25/2018 12:39:52 PM by dcourtney</i>	Bill Exam To Occu-Med Attn: Accounts Payable 2121 West Bullard Ave Fresno, CA 93711 T: (559) 435-2800 x269 F: (559) 435-2520
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**OCCU-MED**

2121 West Bullard Ave, Fresno, CA 93711

OCCUFAX

Date: July 25, 2018

To**Auburn University Montgomery****Attention:****Phone:** (334) 244-3281**Fax:** (334) 244-3396**RE:** Vaccinations Scheduling for
Courteney Mitchell**From****Occu-Med****Name:** Danielle Courtney**Phone:** (559) 435-2800 x130**Fax:** (559) 435-7200**E-Mail:** dcourtney@occu-med.com**REMARKS:**☐ Urgent☐ For your review☐ Reply ASAP☐ Please comment

Courteney Mitchell is scheduled for an immunization appointment on Thursday, July 26, 2018 at 10:00 AM. Included with this fax is an authorization of services to be provided to this applicant on our behalf. If you have any questions, please feel free to contact me.

If you have any issues please contact Occu-Med at (559) 435-2800.

Thank you,

Danielle Courtney

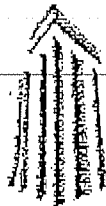
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TRANSMISSION VERIFICATION REPORT

TIME : 07/26/2018 09:58
NAME : AU STUDENT HEALTH
FAX : 3342443396
TEL : 3342443281
SER.# : BROBJ254642

DATE, TIME 07/26 09:57
FAX NO./NAME 918002622863
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MODE STANDARD



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: DanielleFROM: AmyCOMPANY: OccumedDATE: 7/26/18FAX NUMBER: 800-262-2863TOTAL PAGES INCLUDING COVER: 2

PHONE NUMBER:

SENDER'S REFERENCE NUMBER: 334-244 3281RE: Courtney Mitchell

CC:

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

NOTES/COMMENTS



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P. O. Box 244023 Montgomery, AL 36124/ 334-244-3281 fax 334-244-3396