

Fax Transmission

*Kavian Mitchell***To:** Hillary Porter**From:** Logistics Health Inc.**Fax:** +1 (334) 2443396**Date:** 3/15/2018**RE:** #11501870# - Report: RHRP Appointment
Confirmation Letter USAR (Periodic Health**Pages:** 4

Comments:

#11501870# - Report: RHRP Appointment Confirmation Letter USAR (Periodic Health Assessment) - OrderId:
29771508 - CustRefNum: 7329752 - Location: ZFLA1

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29771508--01
D-0-R**RESERVE HEALTH READINESS PROGRAM (RHRP)****APPOINTMENT CONFIRMATION**

3/15/2018

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

Tel: 334-538-8120

Fax: 334-244-3396

Subject: Appointment Confirmation for Private Two Kavian Chamyahatn Mitchell

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: 3/21/2018 3:00 PM

Voucher Number: 7329752

Branch of Service: US Army Reserve

Service Member: Private Two Kavian Chamyahatn Mitchell
2603 Baldwin Brook Drive

Main Telephone: Montgomery, AL 36116
334-301-4830

Mobile Telephone: 334-301-4830

Last 4: 4279

Date of Birth: 1/12/1999

Service Needed: Hepatitis A Vaccine Injection
Varicella injection
MMR Vaccine Injection w/ PHA

*** 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

29771508--02
D-0-R

sender of the transmission either by email at lhprivacy@logisticshealth.com or by toll free telephone at 1-866-284-8788 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: 7329752

Private Two Kavian Chamyahzn Mitchell
2603 Baldwin Brook Drive
Montgomery, AL 36116
Phone #: 334-301-4830

EXPIRATION: 4/23/2018

NO SERVICES PERFORMED AFTER THIS DATE WILL BE

PAID

DOB/SSN: 1/12/1999 / 4279

UNIT/UIC: 0206 TC CO (-) (CARGO TRF)

ZFLA1

Phone #:

328 Front Street South
La Crosse, WI 54601

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
334-538-8120
POC: Hillary Porter
Phone #: 334-538-8120

DATE: 3/21/2018

TIME: 3:00 PM

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 A Vaccine Injection
Varicella injection
MMR Vaccine Injection w/ PHA

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.

Kavian Chamyahzn Mitchell

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

EXAMINING FACILITY PRINTED NAME

SERVICE MEMBER'S SIGNATURE DATE

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.