



Pima County Health Department

CLINIC SERVICES BILLING FORM

(Please use ONLY this form when sending an employee for services – No other forms will be accepted)

Date: _____

Referring Agency:

- ResCare HomeCare Pima Health Systems Direct Center for Independence One Stop Career Center
- United Cerebral Palsy Child Parent Centers Primavera Other: _____

Name of Employee (print): _____ DOB: _____
mm/dd/yyyy

Our agency agrees to be billed for and pay for services rendered:

Authorized by (print): _____ Signature: _____

Title (print): _____ Phone: _____

Service(s) Requested:

- MMR #1 MMR #2 PPD Other: _____
- Td Tdap Chest X-ray (TB Clinic only)
- Hepatitis B Series Clearance Letter (TB Clinic only)

THIS SECTION FOR PCHD STAFF ONLY

Service Date: _____

Office Providing Service:

- South North East Green Valley Ajo TB Clinic

Service(s) Provided:

- MMR #1 MMR #2 Given by: _____
- Td Tdap Given by: _____
- Hepatitis B #1 Hepatitis B # 2 Hepatitis B # 3 Given by: _____
- Other: _____ Given by: _____
- PPD Given by: _____
- Chest X-ray TB Staff: _____
- Clearance Letter TB Staff: _____

TB Main Office 150 W. Congress 1 st Floor 740-8613	North Office 3550 N. 1 st Ave. 243-2850	East Office 6920 E. Broadway Suite E 298-3888	South Office 175 W. Irvington 889-9543	Green Valley 601 N. La Canada Dr. 520-648-1626	Ajo Office 120 E. Estrella 520-387-7206
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