**Health And Rehabilitation Services Charge Voucher:**

Offender Name: DOB:

Offender #: Institution ID Code:

Module: Date of Service: Time:

**SERVICE CODE: 50**

|  |  |  |
| --- | --- | --- |
| **Check**  (all that apply) | **Description** | **Charge** |
|  | Practitioner: (PA, NP, MD, DO, DDS, MHC, Nurse) | $5.00 |
|  | Prescription(s) (initial order, changes, renewals) | $5.00 |
|  | In-House Equipment (crutches, canes, neoprene, etc.) | $5.00 |
|  | Special Order/Patient-Specific Equipment (eyeglasses, orthotics, shoes, braces, cardiac devices, etc.) | $10.00 |
|  | Durable Medical Equipment (wheelchairs, walkers, CPAP, etc.) | $25.00 |
|  | Prosthetics (hearings aids, dentures, artificial limbs, etc.) | $25.00 |
|  | No-show (in-house patient requested appointment) | $5.00 |
|  | No-show/Refusal (outside medical appointment) | $25.00 |
|  | Self-Inflicted/Assault | Actual Cost, refer to D-Board |

**TOTAL CHARGE:**

Health Care Staff: Offender:   
 Signature Signature

Data Entry: Voucher #:

\*\*WHITE COPY TO INSTITUTION BUSINESS OFFICE \*\*YELLOW COPY TO INMATE \*\*PINK COPY TO MEDICAL RECORDS