

# Fayette County Health Department- Flu Billing Sheet

Please present State ID and State Insurance Card.      Location:

Full Name:	Birth date:	Age:
Home Address:	Sex:   M   F	
City:	Zip Code:	<b><i>Last 4 of Social Security Number-</i></b>

I hereby authorize the Fayette County Health Department (FCHD) to release information related to this claim and I further authorize payment directly to FCHD from Medicare, or my employer. I understand I am responsible for payment if the payer indicated below does not pay. Patient acknowledges that they have received the "Joint Notice of Privacy Practices" dated March 17, 2003, and have been given the important information sheet from FCHD. VIS forms provided for each immunization. I have read the VIS sheet and give permission to administer the immunization.

With respect to your social security number, note the following. The provision of a flu shot is a gratuitous one being made available to you by your employer. You do not have to participate. If you do, we request that you provide us with the last 4 digits of your social security number so that your bill when submitted can be readily identified and paid. The request for the last four of your social security number is voluntary and not mandated by statute. These digits, along with the other information on this form, will be used to facilitate prompt payment to the health care provider and in any other manner consistent with HIPAA, state, and federal statute and regulations. Thereafter, information will be kept confidential as required by HIPAA and all other states and federal statutes and regulations. If you choose not to disclose the last four digits of your social security number, please provide your home address and date of birth.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>Payment</b>	<input checked="" type="checkbox"/> <b>State Employee</b>	Checked by Clerical _____
<b>Office Use</b>		
<input type="checkbox"/> <b>Flu</b> (VIS 8/10)	Lot #	<input type="checkbox"/> Preservative Free      Site- Deltoid   R   L
Nurse Signature: _____		