



Wellness Center  
1174 Live Oak Boulevard • Yuba City, CA 95991  
(530) 822-5500 • Fax (530) 822-5503

## AUTHORIZATION FOR SERVICES

Employer Name: \_\_\_\_\_

Service Recipient: \_\_\_\_\_  
First Name / Last Name

Personify ID #: \_\_\_\_\_

This form is for use by participating TCSIG employers who are sending employees who do not participate in TCSIG's medical plan.

|  |                            |
|--|----------------------------|
| <input type="checkbox"/> TB Risk Assessment                            | \$10 per person            |
| <input type="checkbox"/> TB Test                                       | \$30 per person            |
| <input type="checkbox"/> TDap  | \$60 per person            |
| <input type="checkbox"/> FLU VACCINE                                   | \$30 per person            |
| <input type="checkbox"/> HEP A IMMUNIZATION                            | \$78 per person            |
| <input type="checkbox"/> HEP B IMMUNIZATION SERIES (Series of 3 shots) | \$210 per person           |
| <input type="checkbox"/> MMR   | \$90 per person            |
| <input type="checkbox"/> EMPLOYEE PHYSICAL                             | \$100 per person           |
| <input type="checkbox"/> 2pk Epinephrine Auto Injector Jr .15mg        | \$240 per pack             |
| <input type="checkbox"/> 2pk Epinephrine Auto Injector Adult 3mg       | \$240 per pack             |
| <input type="checkbox"/> HEP B IMMUNIZATION SERIES (Series of 3 shots) | Workers' Comp Participants |
| <input type="checkbox"/> OTHER REQUESTED SERVICES:                     | Cost Determined By Service |

*(Specify other service as confirmed after calling (530)822-5500)*

As a member of the TCSIG Joint Powers Authority, we hereby authorize the provision of the Wellness Center personnel to provide the following services and agree to reimburse TCSIG

Authorizing Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Services Provided by Acorn Health Group

Wellness Center:

Date Service Received: \_\_\_\_\_ By: \_\_\_\_\_