### State of Alaska
#### Department of Corrections
Heath Services Charge Voucher

**Prisoner Name**  
**OBSCIS #:**  
**D.O.B.:**  

**Module:**  
**Date of Service:**  
**Time:**  

**SERVICES:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Practitioner: (PA, NP, MD, DDS, MHC, Nurse, Psychologist</td>
<td>$5.00</td>
</tr>
<tr>
<td>51</td>
<td>Prescription(s): Prescription Action (initial order, changes or renewals)</td>
<td>$5.00</td>
</tr>
<tr>
<td>52</td>
<td>Equipment: (In house)</td>
<td>$5.00</td>
</tr>
<tr>
<td>53</td>
<td>Equipment: (Special order)</td>
<td>Cost up to $25.00</td>
</tr>
<tr>
<td>54</td>
<td>Sports Unauthorized</td>
<td>$5.00</td>
</tr>
<tr>
<td>55</td>
<td>Self Inflicted/Assault</td>
<td>Actual Cost</td>
</tr>
</tbody>
</table>

**TOTAL CHARGE**  

**Provider:**  
**Inmate:**  

**Signature**  
**Signature**  

**Data Entry:**  
**Voucher #**  

**WHITE COPY TO DATA ENTRY**  
**YELLOW COPY TO INMATE**  
**PINK COPY TO MEDICAL RECORD**

Form: 807.07(a) - revised 5/18/2011