

INVOICE

Institution ID Code \_\_\_\_\_

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

Prisoner Name \_\_\_\_\_ OBSCIS # : \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Module: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Time: \_\_\_\_\_

SERVICES:

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

**TOTAL CHARGE** \_\_\_\_\_

Provider: \_\_\_\_\_  
Signature

Inmate: \_\_\_\_\_  
Signature

Data Entry: \_\_\_\_\_

Voucher#

\*\*WHITE COPY TO DATA ENTRY

\*\*YELLOW COPY TO INMATE

\*\*PINK COPY TO MEDICAL RECORD