



## Authorization for Treatment of Faculty, Students and/or Staff

The following individual has been approved to receive services offered by Thagard Student Health Center and have those services billed to our department. I understand that these services are for work related issues such as Hepatitis B vaccinations and travel clinic.

### Person Receiving Services

<b>Name:</b>		<b>SSN:</b>	
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### Department Information

<b>Department:</b>		<b>Contact Person:</b>	
<b>Charge Org:</b>		<b>EO:</b>	
<b>Object Code:</b>		<b>Mail Code:</b>	

Services Authorized (This information is for a specific appointment and not a series of appointments.)

Units	Service Type	Amount Authorized

Authorizing Person \_\_\_\_\_

Date Authorized: \_\_\_\_\_

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Title

This authorization for treatment of faculty and/or staff letter is provided as a means of insuring that faculty and/or staff are not billed for services that are authorized and payable by their department. This letter must be presented to the Cashier Office at the end of the visit. Only authorized services will be billed to the department all other items will be billed to the individual as appropriate. This letter will not replace the Interdepartmental Requisition but will serve as a means of insuring that proper billing has occurred. An authorization letter must be presented at each visit.