

(County Name) \_\_\_\_\_ **County Health Department**  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (406) \_\_\_\_\_ - \_\_\_\_\_  
 Tax ID # \_\_\_\_\_ POS :71 County Insurance Receipt

Date of Service \_\_\_\_/\_\_\_\_/\_\_\_\_ **Total Amount \$** \_\_\_\_\_  
 Client Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Employee ID# \_\_\_\_\_ Group ID# \_\_\_\_\_  
 Employee Name (if different from client) \_\_\_\_\_

**IMMUNIZATIONS**

|  | Service Provided<br>√ Price |  |  | Service Provided<br>√ Price                               |                 |  |
|--|-----------------------------|--|--|---|-----------------|--|
| Hepatitis B (Birth to 19)                        | V05.3<br>90744              |  |  | Menomune 2 to adult<br>Child/Adult                        | V02.59<br>90733 |  |
| Pediarix (DTaP/IPV/Hepatitis B)<br>Child         | V06.8<br>90732              |  |  | Menactra (19+)<br>Adult                                   | V03.89<br>90734 |  |
| Prevnar 7 (pneumococcal)                         | V03.82<br>90669             |  |  | Twinrix (18+)<br>Adult                                    | V06.8<br>90636  |  |
| HIB  | V03.81<br>90648             |  |  | Hepatitis A 1 yr to adult<br>Child/Adult                  | V05.3<br>90632  |  |
| Influenza (6mo to <3 yrs)                        | V04.81<br>90655             |  |  | Hepatitis B (20+)   | V05.3<br>90746  |  |
| Influenza (3 to <4 yrs)                          | V04.8<br>90656              |  |  | Pneumovax/23 – 2 yr to adult<br>Child/Adult               | V03.82<br>90732 |  |
| Influenza (6 mo to 35 mo)                        | V04.81                      |  |  | Influenza (3+)  | V04.8<br>90658  |  |
| Influenza (4+ yrs)                               | V04.81                      |  |  |   |                 |  |
| MMR<br>Child/Adult                               | V06.4<br>90707              |  |  | TB Skin Test (PPD)  | V01.1<br>86580  |  |
| Varicella<br>Child/Adult                         | V05.4<br>90716              |  |  | Td<br>Adult   | V06.5<br>90718  |  |
| DTap<br>Child                                    | V06.1<br>90700              |  |  | Zoster (Shingles) vaccine<br>Age 60+                      | V05.8<br>90736  |  |
| Rotateq<br>Child                                 | V04.89<br>90680             |  |  | HPV vaccine, 3 dose schedule<br>Ages 9-26 yrs Child/Adult | V05.8<br>90649  |  |
| Td<br>(Children over 7 years of age)             | V06.5<br>90718              |  |  | IPV<br>Child  | V04.0<br>90713  |  |
| Tdap (Boostrix)<br>Child (10-18)                 | V06.1<br>90715              |  |  | Immunization Administration<br>(Single)                   | 90471           |  |
| Tdap (Adacel)<br>Child/Adult (11-64)             | V03.8<br>90715              |  |  | Immunization Administration<br>(2 or more)                | 90472           |  |
| Ped DT<br>Child                                  | V06.8<br>90702              |  |  | Immunization Administration<br>(Oral/Intranasal)          | 90467           |  |
| Proquad (ages 12 months to 12<br>years)<br>Child | V06.8<br>90710              |  |  |   |                 |  |
| <b>Column Total</b>                              |                             |  |  |   |                 |  |

I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO THIS COUNTY HEALTH DEPARTMENT FOR SERVICES DESIGNATED ABOVE.

SIGNATURE (Insured or Authorized Person) \_\_\_\_\_

Please mail claim form to: Montana Unified School Trust  
 P.O. Box 3777  
 Missoula, MT 59806-3777