

**Otter Tail County Public Health
Government Services Center**
560 Fir Avenue West
Fergus Falls, MN 56537
(218) 998-8320
Fax (218) 998-8352



**Otter Tail County Public Health
New York Mills Office**
118 North Main, Box 99
New York Mills, MN 56567
(218) 385-5500
Fax (218)-385-3852

www.co.ottertail.mn.us/publichealth

Public Health
Prevent. Promote. Protect.
PHN Clinic Billing Form

publichealth@co.ottertail.mn.us

Name: _____ Acct# _____

DOB: _____ M F Date of Service: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Physician/Clinic: _____

****PLEASE ATTACH A COPY OF THE CLIENT'S INSURANCE/MEDICAL ASSISTANCE CARD****

ID# _____ Group # _____ Policy Holder _____ DOB _____

Race _____	<input type="checkbox"/> PHN Home Visit <input type="checkbox"/> PHN Clinic Visit	Paysource(s): Please Check One... <input type="checkbox"/> BC/BS Private <input type="checkbox"/> BP PMAP <input type="checkbox"/> Medica Private <input type="checkbox"/> Medica PMAP <input type="checkbox"/> MA <input type="checkbox"/> UCare <input type="checkbox"/> Preferred One <input type="checkbox"/> Waived <input type="checkbox"/> Other _____
Ethnicity _____		
Language _____		

Service	Time	Diagnosis/ICD9	Lot #	Site	Immunizations	Private	VFC
Nurse Assessment					DTaP		
Health Promo/Counsel Clinic					PedvaxHIB		
Health Promo/Counsel Home					ActHIB		
Lactation					TD		
Nursing Treatment					IPV		
Medication Mgmt					MMR		
TB Preventive Clinic		795.5			MMRV		
TB Disease Home		010.00			Varicella		
Head Lice Check		132.9			Prevnar		
Head Lice Comb		132.9			Comvax		
Hypertension Phone		401.9			Tdap		
Hypertension Home		401.9			Pediarix		
ASQ SE		V71.89			MCV4 (Menactra)		
ASQ Developmental		V71.89			Hep A		
BRIGANCE		V71.89			Hep B 0-11		
Car Seat Clinic		V70.5			Hep B 11-19		
Car Seat Individual		V70.9			Hep B 20 – Above		
					HPV		
					Mantoux		
					Influenza		
Lab Test		√			Rota Teq		
Urinalysis					Administration		
Hematocrit					Additional		
Blood Lead Draw					Additional		

_____ I authorize Otter Tail County Public Health Department to bill this health plan for services received and for same services to be paid directly to Otter Tail County Public Health.

_____ OTCPH Staff have provided and reviewed a copy of the Notice of Privacy Practices.

_____ I was provided the Vaccine Information Sheets for the vaccines to be administered.

Client Signature: _____ PHN Signature: _____