



Wellness Center
1174 Live Oak Boulevard • Yuba City, CA 95991
(530) 822-5500 • Fax (530) 822-5503

AUTHORIZATION FOR SERVICES

Employer Name: _____

Service Recipient: _____
First Name / Last Name

This form is for use by participating TCSIG employers who are sending employees who do not participate in TCSIG's medical plan.

- TB Risk Assessment \$ 5 per person
- TB Test \$10 per person
- TDap \$46 per person
- FLU VACCINE \$25 per person
- HEP A IMMUNIZATION \$78 per person
- HEP B IMMUNIZATION SERIES (Series of 3 shots) \$210 per person
- MMR \$67 per person
- EMPLOYEE PHYSICAL \$75 per person
- HEP B IMMUNIZATION SERIES (Series of 3 shots) Workers' Comp Participants
- OTHER REQUESTED SERVICES: Cost Determined By Service

(Specify other service as confirmed after calling (530)822-5500)

As a member of the TCSIG Joint Powers Authority, we hereby authorize the provision of the Wellness Center personnel to provide the following services and agree to reimburse TCSIG

Authorizing Signature: _____

Print Name: _____

Date: _____ Phone Number: _____

Wellness Center: Date Service Received: _____ By: _____
