TCSIG WELLNESS CENTER
For a healthier YOU!

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	$20 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: _____

Medical Services Provided by Acorn Health Group

Wellness Center:
Date Service Received: _____ By: _____