

Corporate Health Management
7515 Greenville Avenue, Suite 600
Dallas, Texas 75231
(214) 361-0995
(214) 361-0865 FAX
Tax ID #: 75-2430306

CASH SALES RECEIPT

Name of Patient:

Date of Procedure:

DOB:

SS#:

Physician: J. Paul Sanders, M.D.

\$ Amount Paid:

Vaccine(s) Received	ICD-9 Code	CPT Code
<input type="checkbox"/> Influenza 0.5 ml	V04.80	90658
<input type="checkbox"/> Pneumovax 0.5 ml	V03.83	90732
<input type="checkbox"/> Tetanus/Diphtheria 0.5 ml	V06.50	90718
<input type="checkbox"/> Hepatitis A 1.0 ml	V05.3	90632
<input type="checkbox"/> Hepatitis B 1.0 ml	V05.3	90746
<input type="checkbox"/> Zostavax	V04.89	90736

Note: The vaccine(s) marked above have been paid in full for by the patient stated above.

PLEASE SEND REIMBURSEMENT CHECK TO THE ADDRESS BELOW:
