



Payroll Deduction Authorization Onsite Healthcare

Employee Name: _____

Patient Name: _____

Munis ID: _____ or Last Four of Social Security Number: _____

Employed by: ☐ School System ☐ County Government/County Highway

Due to the fact you are not enrolled in the Clarksville Montgomery County Employee Insurance Trust (Blue Cross Blue Shield Medical Plan), a fee will be taken from your payroll. This deduction will appear as a "Clinic" deduction. Any necessary lab fees will also be taken from your payroll and will be listed as a separate deduction.

Office Visit

\$ 40.00

Clinic Fee

\$ 20.00

Nurse Fee

\$ _____

Miscellaneous Lab/Other Fees

Nurse Initials _____

\$ _____

Total Charges for visit

No Show:

_____ **\$20.00**

Important Information

Onsite Clinic Providers are not Registered TENNCare Providers. Due to this fact, please be aware that TENNCare patients with any medications prescribed for them risk being turned away at the pharmacy.

HIPAA/Privacy Statement

In order to process this payroll deduction, it is necessary to release a limited amount of information to your employer. This information will include only your name, Munis ID, last 4 of your social security number and the fact that you were seen in a clinic. No specific information regarding your care will be released. Therefore, by signing this document you agree with the following statement:

"I agree to the release of the above stated information to process this payroll deduction."

Signature

_____/_____/_____
Date

Onsite Clinic Employee Signature

Attn: Benefits Department

Entered in Munis: _____