Status_____ Rider: Yes No
(IDOC Info Only)

Medical Request for Payment Authorization
Idaho Department of Correction – Health Services

County: _____ Date: _____ Phone #: _____ E-mail: _____

Requesting Attendant: _____ Fax #: _____ Ref #:_____
(Deputy, Nurse, etc.) (IDOC)

****

Inmate: _____ Inmate IDOC #: _____ Date of Birth: _____
Last First **(Required)**

Responsible Medical Provider: _____ Date Patient Seen: _____
(Required)

Type of Service Requested

- ☐ Pharmacy
- ☐ Medical Visit
- ☐ Dental
- ☐ Mental Health Visit
- ☐ Lab
- ☐ X-ray/Radiology
- ☐ Emergency Room
- ☐ Ambulance
- ☐ Move to IDOC Facility

Details of Current Illness/Injury

Treatment Plan

List Medications Requested

Medication	Strength	Days Prescribed	Diagnosis **(Required)**

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IDOC HEALTH SERVICES RESPONSE

Payment Approved _____ Payment Deferred _____ Need More Information _____

Comments: _____

_____

_____

_____ _____

Authorized Signature Title Date

Please send all bills/invoices to:
IDOC Health Services
Attn: Vicky Brady
1299 N. Orchard, Ste 110
Boise, ID 83721-0017

Health Services Contacts:
Health Services Director
Rona Siegert RN 208-658-2047
Jail Authorization Contact
Megan Austin, RN 208-658-2144
Invoices/Claims/Bills
Vicky Brady, TRS II 208-658-2128

E-mail completed form to:
healthservices@idoc.idaho.gov
or Fax to: 327-7007