

**Erie County Health Department
2010 Tdap (Tetanus, Diphtheria and Pertussis)
Route Slip**

Student's Name (Last)	(First)	(MI)	Date of Birth	Age
Address	City, State, Zip	County	Student Soc. Security Number	
Student's Gender: M F	Race	School Name		Grade
Parent/Guardian	Date of Birth	Social Security Number	Home Phone	
Parent/Guardian Day Phone/Ext	Billing Address		City, State, Zip	

METHOD OF PAYMENT – INSURANCE

Primary Insurance: Name of Insurance Company		Policy Number	Group Number
Name of Insured	Address of Insurance Company	Relationship to Student	Birth Date of Insured

Secondary Insurance: Name of Insurance Company		Policy Number	Group Number
Name of Insured	Address of Insurance Company	Relationship to Student	Birth Date of Insured

METHOD OF PAYMENT – MEDICAID

Name of Medicaid HMO Company	Medicaid Number
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METHOD OF PAYMENT – CREDIT CARD

Credit Card Bank	Credit Card Number	Expiration Date	V-Code (Back of Card)
Credit Card Billing Address		City, State, Zip	

METHOD OF PAYMENT – CASH Cash Attached

FOR CLINIC USE ONLY

<input type="checkbox"/> Cash <input type="checkbox"/> To Be Billed	Total Cash Received:	Received By:
Tdap Clinic Site:	Date:	Staff Filling Out Form: