

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Child and Adolescent Health

HEARING SCREENING PROGRAM

Otology Clinic Payment Voucher Worksheet

PURPOSE:

The information below is necessary to provide payment for professional services rendered at the following Otology Clinic:

Hosting LHD/County:		City of Clinic Location:	
Clinic Date:			
Professional Information: <input type="checkbox"/> Audiologist <input type="checkbox"/> Physician			
Name:		Signature:	
Payment Information			
Individual's Name or Business Name:			
Address:			
City, State, Zip:			
Phone Number:			
Identification Number -If payment is to be remitted to a business - complete the Employee Identification Number (EIN), payment to an individual - complete the Social Security Number.			
EIN #:		SS #:	
Clinic Information			
Clinic Start Time:		Clinic End Time:	
Mileage (round trip):			
Lunch: \$		Lodging: \$	
Number of children seen by professional listed above:			
Receipts required for lunch and lodging. Lunch reimbursed for full-day clinics only. Lodging requires prior approval from Hearing Consultant. All reimbursements will be at current State of Michigan Travel Reimbursement Rates.			
MDHHS USE ONLY			
Miles: x Rate: = \$0.00		Professional Services: \$	
Meals: \$		Lodging: \$	
Total Voucher Amount: \$			
Sigma Vendor ID #:			