



Department of Public Safety & Correctional Services
Sick Call Copay Triage Form

Date: _____ Facility: _____

Incarcerated Individual's SID #	Incarcerated Individual's Printed Name	Apply Copay	Incarcerated Individual's Signature *	Status **	E.C. ***

* When a healthcare copay is applicable, the incarcerated individual must sign above prior to receiving healthcare services. The incarcerated individual's signature indicates awareness that a copay of \$2.00 will be deducted from their spending account

** Status: 1 – No further TX 2 – Refer to Dispensary 3 – Refer to MD/APP

 Signature of Healthcare Provider

(See instructions on page 2)

 Date

*** E.C.: I NB C

 Signature of Finance Staff

(See instructions on page 2)

 Date Processed

 Date Forwarded to Facility Managing Official



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Instructions for eligible and exempt healthcare copay charges, eligibility codes, and form completion.

The healthcare vendor is required to:

- (1) Complete all portions of this form as directed under § .05D of OPS.245.0002 except:
 - (a) Incarcerated individual signature;
 - (b) E.C. column; and
 - (c) Finance staff signature; and
- (2) Forward completed Sick Call Copay Triage form to the regional finance office assigned to the correctional facility.

The regional finance office shall complete all portions of this form as directed under § .05E of OPS.245.0002.

Services eligible for healthcare copay include:

- The first visit for sick call service.
- Each initial sick call visit, self-referred, and services unrelated to any continuing medical problem.

Services exempt from healthcare copay include:

- Any service determined by the healthcare vendor as having been provided on an emergency basis, treatment for an acute illness, or unexpected health problem that cannot be medically deferred until the next scheduled sick call clinic.
- Any service when an incarcerated individual must be maintained in a dispensary for observation, transferred to a regional infirmary, or otherwise immediately transported off-site for medical service.
- Any continuing care visit required after an initial sick call.
- All infirmary care.
- All chronic care.
- All secondary care.

Eligibility Codes

- I – Indigent
- NB – No Balance
- C – Copay Charged