



Payroll Deduction Authorization On-Site Healthcare

Employee Name: _____

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 deduction of \$20.00 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.

\$ 20.00	Clinic Fee
\$ _____	Miscellaneous Lab/Other Fees
\$ 10.00	No Show Fee

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 and 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
Donna McIntosh/Amy Wigington/Jeanine Chester

Entered in Munis: _____