Alaska TB Program
Section of Epidemiology
3601 C Street, Suite 540
Anchorage, AK 99503
(907) 269-8000
(907) 563-7868 (fax)

DOT AIDE MONTHLY INVOICE FOR PAYMENT

Today's date:_____

Invoice for the month of:_____

Patient
HR#_____

Completed review of AK DOT Aide Manual/training: ___/___/___

Number of daily DOT doses provided: [ ] x $10.00 $25.00 (**one-time payment only**)

Total payment requested: $_____

Send payment to:

Name:_____

_____

_____

PVN:_____

Signed:_____
DOT Aide

Signed:_____
PHN Case Manager

Please fax this form and monthly calendar to:

_____, PHN at 907-_____-_____