



Marion County

OREGON
Health Department

Billing Fax #: (503) 361-2789
Immunization Fax #: (503) 584-4811

Note: Patients with Regence will need to go to their health care provider.

Date _____ Raintree # (if applicable) _____

Insurance Name _____ Phone # _____

Subscriber Name _____ Phone # _____

Child's Name _____ Date of birth _____

Policy # _____ Group # _____

Clerical Name

Vaccines Needed Cost

(Date of Quotes)
In Network Benefits

OON Benefits

Deductible Met:

Deductible Met:

Billing Name

Notes:

Total Pages: _____