

**RHODE ISLAND DEPARTMENT OF HEALTH  
 TITLE X FAMILY PLANNING PROJECT  
 HIV CTR PROJECT  
 Date of Service after May 1st FOR RAPID HIV TESTING  
 CONTRACTOR REQUEST FOR PAYMENT**

VENDOR \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REIMBURSEMENT FOR SERVICES RENDERED: HIV Counseling, Testing, & Referral

BILLING PERIOD \_\_\_\_\_ TO \_\_\_\_\_

EXPENSE CATEGORY	TOTAL NUMBER OF FORMS	AMOUNT
Rapid HIV testing for Uninsured @\$30.00		
Rapid HIV testing for Insured @\$15.00		
<b>TOTAL</b>		<b>\$0.00</b>

SIGNATURE FOR AGENCY \_\_\_\_\_ DATE \_\_\_\_\_

Processed: 7-May 2008  
 PK

Data Entry Received Date: \_\_\_\_\_

Data Entry Completed Date: \_\_\_\_\_

