ITEMIZED LISTING OF MEDICAL SERVICES FOR MEDICAL EXAMINATIONS PUBLIC VOUCHERS

For use of this form, see USMEPCOM Reg 37-1

Contract No.:	**Dates Covered:**	**Printed:**

Dr/Clinic:	**MEPS:** **Phone:** **Ext:**

Type of Service Performed: (as listed in column "Medical Service" below)

Date	CTL NR	Subject of Medical Service	SSAN Last 4	Medical Service	NR Examined	Total Cost	Patient ID
Totals for Dr/Clinic:							

X _____ Civilian Medical Provider	X _____ MEPS Medical Representative	X _____ MEPS Commanding Officer
I certify that the examinations were made as shown and that the charges do not exceed those customary in the vicinity or authorized by pertinent Army regulations.	The above account is correct. The services were rendered as stated. The examinations were required by pertinent Army regulations or other directives and the services could not be obtained from the Department of Defense or other government agency (Veterans Administration of public Health Service) because not economically available.	I hereby certify that the above listed services were required and performed IAW Army regulations