ENCOUNTER REPORT

This is to certify that _____ provided _____ total encounters of which _____ encounters utilized the approved sliding fee scale for the service quarter beginning _____ (MM/DD/YYYY) and ending _____ (MM/DD/YYYY) at the approved service site(s):

(name of service sites)	(complete address of each site)	Total Encounters	SFS Encounters

This signed and notarized form is due 10 business days after the last day of the completed quarter.

The form shall be submitted to:

Arizona Department of Health Services
Bureau of Women's & Children's Health
J-1 Visa Waiver Program
150 N. 18th Avenue, Suite 320
Phoenix, Arizona 85007

I hereby verify that I have provided these services.

_____ Date _____
(signature of obligated provider)

State of Arizona)
)
County of _____)

The foregoing instrument was acknowledged before me this _____ (date) day of _____ (month), _____ (year)

by _____ My Commission Expires: _____
Notary Public date

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I hereby verify that the above information is accurate.

_____ _____
Signature of Service Site Executive Director/Administrator or authorized signatory — Date

State of Arizona)
)
County of _____)

The foregoing instrument was acknowledged before me this _____ (date) day of _____ (month), _____ (year)

by _____ My Commission Expires: _____
Notary Public date