

ACI Forms Pricing

	Title	Type	Cost per form
105-2PF	INFORMATION REPORT	DUPLEX	0.1639
105-3PF	SIGNIFICANT INCIDENT REPORT	DUPLEX	0.1639
105-5	CONTINUATION SHEET	SINGLE	0.1210
108-1P	FUNCTIONAL ASSESSMENT	SINGLE	0.1210
108-2P	Waiver Of Liability By An Inmate With A Disability	NCR/2 PART	0.1628
108-3	INMATE TRANSFER FOR MEDICAL REASONS	SINGLE 8.5 X 5.5	0.1126
121-5	REQUEST FOR ACCESS TO ACJIS	NCR/2 PART	0.1628
706-1PF	INCIDENT MANAGEMENT SYSTEMS REPORT	DUPLEX	0.1639
712-1	RESTRICTED PRODUCT INVENTORY	SINGLE	0.1210
712-2	Monthly Inventory of Chemicals and Hazardous Materials	SINGLE	0.1210
712-3	JANITORIAL EQUIPMENT INVENTORY	SINGLE	0.1210
712-4	TOOL CHECK-OUT	NCR/2 PART	0.1628
712-5	MASTER TOOL INVENTORY	SINGLE	0.1210
712-6	TOOL DISPOSITION	NCR/2 PART	0.1628
912-2	FOOD SERVICE - MONTHLY SANITATION INSPECTION RPT	SINGLE - 3 PAGES	0.1715
912-3	RESTRICTED DIET ORDER	SINGLE	0.1210
1002-9	Medical Furlough Application	NCR/4 PART	0.3212
1002-10P	Medical Furlough Authorization	NCR/5 PART	0.2559
HEALTH FORMS LISTING			
1101-1P	DENTAL CHART (3 PAGES)	SINGLE 3 PAGES NOT STAPLE***	***DO 0.1715
1101-2P	RIGHT TO REQUEST LIMITATION OF XTRAORD LIFE SUPPORT MEASURES	SINGLE	0.1210
1101-3	MEDICAL TREATMENT CONSENT	DUPLEX	0.1639
1101-4	REFUSAL TO SUBMIT TO TREATMENT	SINGLE	0.1210
1101-4S	NEGATIVA A SOMETERSE A TRATAMIENTO ENG/SPAN	DUPLEX	0.1639
1101-5P	PATIENT CARE GUIDE	SINGLE 4 PAGES CARDSTOCK	0.5724
1101-6P	PHYSICIAN'S ORDERS	SINGLE	0.1210
1101-7	HEP C TREATMENT CHECKLIST	SINGLE	0.1210
1101-8	CONTINUITY OF CARE/TRANSFER SUMMARY	SINGLE	0.1210
1101-9P	DECLARATION OF INTENT TO LIMIT LIFE-SUPPT PROCEDURES	NCR/3 PART	0.2420
1101-10ES	HEALTH NEEDS REQUEST (NON-EMERGENCY) ENG/SPAN	NCR/4 PART	0.3212
1101-11P	HEALTH NEEDS REQUEST (EMERGENCY REQ ONLY)	SINGLE	0.1210
1101-11PS	PETICION DE NECESIDADES MEDICAS (EMERGENCY)	SINGLE	0.1210
1101-12P	CHRONIC CONDITION FOLLOW-UP CARE	SINGLE	0.1210
1101-13	HEALTH SERVICES APPOINTMENT LIST	NCR/2 PART	0.1628
1101-14P	APPOINTMENT LIST DELIVERY/RECEIPT LOG	SINGLE	0.1210
1101-15P	DENTAL PROSTHETIC LIST	SINGLE	0.1210
1101-16P	OBSERVATION RECORD	NCR/2 PART	0.1628
1101-17	IMMUNIZATION RECORD	SINGLE CARDSTOCK CANARY	0.1442
1101-18P	NO CHARGE LOG	SINGLE	0.1210
1101-20P	RECEPTION/TREATMENT CENTER CHECKLIST	SINGLE	0.1210
1101-21P	RECEPTION CENTER SCREENING	DUPLEX	0.1639
1101-22	DAILY IPC LOG	SINGLE	0.1210
1101-23	IPC - FLOW SHEET	SINGLE	0.1210
1101-24	HEALTH EDUCATION CONSENT AGREEMENT	SINGLE	0.1210
1101-26	HEALTH SERVICES COMMUNIQUE	SINGLE	0.1210

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	Title	Type	Cost per form
1101-29P	MEDICAL HISTORY	SINGLE	0.1210
1101-30P	OPTOMETRY PATIENT	NCR/3 PART	0.2420
1101-31P	XRAY DEPARTMENT	NCR/3 PART	0.2420
1101-32P	EQUIPMENT MAINTENANCE LOG	SINGLE	0.1210
1101-33	BITE ASSESSMENT	SINGLE	0.1210
1101-34P	URINALYSIS (LAB REPORT)	NCR/2 PART 8.5 X 3.5	0.1187
1101-35P	NON-FORMULARY DRUG REQUEST	NCR/3 PART	0.2420
1101-36P	INFORMED CONSENT FOR ORAL SURGERY	DUPLEX	0.1639
1101-37P	TMJ QUESTIONNAIRE	SINGLE	0.1210
1101-38P	BIOLOGICAL MONITORING LOG	SINGLE	0.1210
1101-39P	DENTURE RECEIPT	SINGLE 8.5 X 3.5	0.1098
1101-42	INH DOSING RECORD	SINGLE CARDSTOCK	0.1373
1101-43P	IPC NURSING HISTORY AND ASSESSMENT ADMISSION RECORD	DUPLEX	0.1639
1101-44P	IPC PATIENT CARD	SINGLE CARDSTOCK 8.5 X 5.5	0.1198
1101-45	HCG URINE TEST RESULTS	SINGLE	0.1210
1101-47P	SKIN INTEGRITY ASSESSMENT	DUPLEX	0.1639
1101-48P	MEDICAL EMERGENCY/DISASTER LOG	SINGLE	0.1210
1101-49P	MINOR SURGERY CONSENT	SINGLE	0.1210
1101-50	CONSENT/REFUSAL TO TREATMENT OF HEPATITIS C	SINGLE	0.1210
1101-53P	MEDICATION ERROR REPORT	NCR/3 PART	0.2420
1101-55	HEALTH SERVICES INFIRMARY - INMATE RELEASE	SINGLE	0.1210
1101-59	PROVIDER ADMITTING/DISCHARGE DIAGNOSIS/SUMMARY	SINGLE	0.1210
1101-60P	DUTY/SPECIAL NEEDS ORDER - INMATE HEALTH	NCR/3 PART	0.2420
1101-61P	TB SYMPTOMALOGY CHECKLIST	SINGLE	0.1210
1101-62P	CONTINUOUS PROGRESS RECORD (S.O.A.P.)	SINGLE	0.1210
1101-63	OUTSIDE CONSULT REQUEST/MEDICAL REVIEW BOARD	SINGLE	0.1210
1101-64P	VITAL SIGNS FLOW SHEET	SINGLE	0.1210
1101-66P	PHYSICIAN'S PROGRESS REPORT	SINGLE	0.1210
1101-67P	INITIAL/INTER FACILITY ASSESSMENT	SINGLE	0.1210
1101-68	MEDICAL WORK-UP	SINGLE CARDSTOCK CHERRY	0.1442
1101-70P	MEDICAL FOLLOW -UP LOG	SINGLE	0.1210
1101-71P	HEALTH EDUCATION TRACKING	SINGLE	0.1210
1101-72P	ISOLATION/MEDICAL WATCH DISPOSITION	SINGLE	0.1210
1101-73	HEPATITIS C TREATMENT LAB ORDERS - 24 WEEK	SINGLE	0.1210
1101-76	PROBLEM LIST - HEALTH SERVICES	SINGLE CARDSTOCK WHITE	0.1373
1101-77P	PHYSICAL EXAMINATION	SINGLE	0.1210
1101-78	HEPATITIS C TREATMENT DISCONTINUATION	SINGLE	0.1210
1101-79P	EYE GLASS ORDER	SINGLE 5.5 X 8.5	0.1126
1101-81P	PRESCRIPTION RECORD	SINGLE CARDSTOCK BLUE 8.5 X 5.5	0.1221
1101-82P	INMATE CHRONOLOGICAL MOVEMENT RECORD - MEDICAL	SINGLE CARDSTOCK WHITE	0.1373
1101-83P	PRE-HOSPITAL MEDICAL CARE DIRECTIVE	SINGLE ORANGE STOCK	0.0551
1101-84P	SURGERY PRE-OP	SINGLE	0.1210
1101-85P	HEALTH SERVICES SUMMARY COUNT	SINGLE	0.1210
1101-87	DIABETIC INDIVIDUALIZED MANAGEMENT PLAN	SINGLE	0.1210

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	Title	Type	Cost per form
1101-88	MONITORED CONDITION LAB TRACKING FLOW SHEET	SINGLE	0.1210
1101-89	MONITORED CONDITION PROGRESS NOTES	SINGLE	0.1210
1101-91	HEPATITIS C TREATMENT LAB ORDERS - 48 WEEK	SINGLE	0.1210
1101-92	INFORMED CONSENT FOR ORTH APPLIANCE REMOVAL AND TREATMENT	SINGLE	0.1210
1101-A62P	CONTINUOUS PROGRESS RECORD SOAP - IPC	SINGLE	0.1210
1101-B62P	CONTINUOUS PROGRESS RECORD SOAP - PHARMACY CONSULTATION	SINGLE	0.1210
1102-1P	POST - TEST HIV COUNSELING CHECKLIST	SINGLE	0.1210
1102-2	MEDICATION ADMINISTRATION RECORD	70# OFFSET WHITE	
1102-4P	INVOLUNTARY TUBERCULOSIS TEST	SINGLE	0.1210
1102-6	EXHIBIT A. CONSENT FOR HIV-RELATED TESTING	DUPLEX	0.1639
1102-7	PPD/COCCI SLIP	SINGLE 8.5 X 5.5	0.1126
1102-9P	DAILY ISOLATION HEALTH CHECK	SINGLE	0.1210
1102-10	PPD POSITIVE INH TREATMENT AND HIV TESTING (PPD CONVERSION COUNSELING)	NCR/2 PART	0.1628
1102-11	CHRONIC CONDITION FOLLOW-UP SHEET HIV AIDS	SINGLE	0.1210
1103-1P	PSYCHOTROPIC MEDICATION REVIEW BOARD NOTIFICATION	NCR/5 PART	0.5881
1103-2P	FINDINGS OF PSYCHOTROPIC MEDICATION REVIEW BOARD PRMB	NCR/4 PART	0.3212
1103-4P	MENTAL HEALTH TREATMENT PLAN - ABHTF/MTU/WTU/ SMTU/STEPDOWN	SINGLE 2 PAGES STAPLED	0.1446
1103-5P	PARTICIPATION/NON-PARTICIPATION AGREEMENT	NCR/3 PART	0.2420
1103-6P	SEX OFFENDER TREATMENT PROGRAM REFERRAL	NCR/3 PART	0.2420
1103-8P	SUICIDE PREVENTION REFERRAL FORM	NCR/4 PART	0.3212
1103-9P	MEN'S TREATMENT UNIT - GENERAL REFERRAL DATA	DUPLEX 2 PAGES	0.1925
1103-10P	ADMISSION/DISCHARGE REVIEW BOARD DETERMINATION	NCR/3 PART	0.2420
1103-12P	INFORMED CONSENT FOR PSYCHOTROPIC MEDICATIONS	SINGLE	0.1210
1103-13	CHECKLIST FOR SERIOUSLY MENTALLY ILL DETERMINATION	SINGLE	0.1210
1103-14P	REFERRAL TO THE SPECIAL PROGRAMS UNIT FOR EVALUATION	NCR/3 PART	0.2420
1103-15	Notification of Intent to Request Approval to Involuntarily Administer Psychotropic Medication	NCR/3 PART	0.2420
1103-16P	MENTAL HEALTH TREATMENT PLAN	DUPLEX	0.1639
1103-18P	MENTAL HEALTH TREATMENT CONSENT	SINGLE	0.1210
1103-19P	MENTAL HEALTH GROUP PROGRESS NOTES	SINGLE	0.1210
1103-20P	APPLICATION FOR INVOLUNTARY TREATMENT	SINGLE	0.1210
1103-21P	MENTAL HEALTH SCREENING FOR WORK PLACEMENT	SINGLE	0.1210
1103-22P	CONSENT FOR SCREENING SEXUALLY VIOLENT PERSONS STATUS	SINGLE	0.1210
1103-23P	PRE-ADMISSION DATA-INPATIENT REFERRAL	SINGLE	0.1210
1103-24P	CELLFRONT VISIT CHECKLIST	SINGLE	0.1210
1103-25	PSYCHIATRY NON-FORMULARY DRUG REQUEST	NCR/2 PART	0.1628
1103-27P	MENTAL HEALTH ASSESSMENT	DUPLEX	0.1639
1103-28P	CELLFRONT VISIT LOG	SINGLE	0.1210
1103-30P	PATIENT DISPOSITION	NCR/3 PART	0.2420
1103-32	PSYCHIATRIC EVALUATION - METNAL HEALTH	SINGLE 3 PAGES	0.1715
1103-33P	SOCIAL SERVICES - CLOSING SUMMARY	SINGLE	0.1210

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	Title	Type	Cost per form
1103-34P	DISPOSITION INSTRUCTIONS	NCR/4 PART	0.3212
1103-36P	ABHTF FACE SHEET	SINGLE	0.1210
1103-37	PSYCHIATRIC FOLLOW-UP NOTE-MENTAL HEALTH	SINGLE	0.1210
1103-40P	CONTINUOUS PROGRESS RECORD - MENTAL HEALTH	SINGLE	0.1210
1103-41	INFORMED CONSENT FOR PSYCHOTROPIC MEDICATIONS - NEUROLEPTIC	SINGLE	0.1210
1103-42P	MENTAL HEALTH TRANSFER SUMMARY-MENTAL HEALTH PROGRAMS	SINGLE	0.1210
1103-44	MENTAL HEALTH DISPOSITION	NCR/2 PART CANARY/CANARY	0.3117
1103-47P	GLOBAL ASSESSMENT OF FUNCTIONING (GAF)-(ABHTF)	SINGLE	0.1210
1103-48P	INITIAL PSYCHOLOGY ASSESSMENT	SINGLE	0.1210
1103-49P	MENTAL HEALTH CENTER PHYSICAL EXAMINATION	SINGLE	0.1210
1103-50	PSYCHIATRIC NURSE FOLLOW UP NOTE MENTAL HEALTH	SINGLE	0.1210
1103-51P	PSYCHIATRIC TRANSFER/DISCHARGE SUMMARY-MENTAL HEALTH PROGRAM	SINGLE	0.1210
1103-52P	NEUROLOGICAL EXAMINATION - ABHTF	DUPLEX	0.1639
1103-53P	CONDITIONS TO ADMISSION - MENTAL HEALTH	SINGLE	0.1210
1103-54	PSYCHIATRY CLINICAL PERFORMANCE REPORT	SINGLE	0.1210
1103-55P	WAIVER OF CONFIDENTIALITY - BOEC MENTAL HEALTH	NCR/2 PART	0.1628
1103-56P	SIGNATURE LOG - MENTAL HEALTH	SINGLE	0.1210
1103-57P	INFORMED CONSENT - GRIEVANCE APPEALS FOR ADHS LICENSED FACILITY	SINGLE	0.1210
1103-58P	INMATE PATIENT ORIENTATION-ABHTF	SINGLE	0.1210
1103-59P	MEN'S TREATMENT UNIT - INMATE ADMISSION AGREEMENT	SINGLE	0.1210
1103-60	OCCUPATIONAL THERAPY EVALUATION	SINGLE	0.1210
1103-61	ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)	DUPLEX	0.1639
1103-62	PROCESS MEASURES GRAPH	SINGLE	0.1210
1103-64	MENTAL HEALTH ASSESSMENT FOR HEPATITIS C TREATMENT CANDIDATES	SINGLE	0.1210
1103-69	CLINICAL SUMMARY AND RECOMMENDATIONS	SINGLE	0.1210
1103-70	ADC HEALTH SERVICES SIGNIFICANT SELF HARM (SSH) REPORT	SINGLE	0.1210
1103-71	CLINICAL SUPERVISION FORM	SINGLE	0.1210
1103-72	Informed Consent for Psychotropic Medications Medications Selective Serotonin Reuptake Inhibitors (SSRI's)	SINGLE	0.1210
1103-73	Informed Consent for Psychotropic Medications Class: Anticonvulsant/Mood Stabilizer Valproic Acid and Derivatives (Depakene, Depakote)	SINGLE	0.1210
1103-74	Informed Consent for Psychotropic Medications: Carbamazepine (Tegretol)	SINGLE	0.1210
1103-75	Informed Consent for Psychotropic Medications: Lithium	SINGLE	0.1210
1103-A40	MEDICAL NURSING WATCH NOTE	SINGLE	0.1210
1104-1	REQUEST FOR MEDICAL RECORDS	SINGLE	0.1210
1104-2	Authorization to Disclose Copies or Provide Information from Medical Records	SINGLE	0.1210
1104-8P	INMATE MEDICAL RECORD WAIVER OF LIABILITY	SINGLE	0.1210

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	Title	Type	Cost per form
1104-11P	GUIDELINES FOR INMATE MEDICAL RECORDS REVIEW	SINGLE	0.1210
1105-1	Mortality Review - Case Abstract and Cover Sheet	DUPLEX 2 PAGES	0.1925
1105-2	Health Services - IMS Critique	DUPLEX 2 PAGES	0.1925
1105-3	Central Office Mortality Review Committee Final Report	DUPLEX	0.1639
1105-4	Peer Review Final Report	SINGLE	0.1210
1105-5	Comprehensive Medical Review Committee Final Report Addendum	SINGLE	0.1210
1105-6	Quality Chart Review Checklist	DUPLEX 2 PAGES	0.1925
1105-7	Bi-Monthly CQCR Report and Action Plan	DUPLEX	0.1639