

**PALM BEACH COUNTY SHERIFF'S OFFICE  
DEPARTMENT OF CORRECTIONS  
INMATE FEE AGREEMENT**

MAIN DETENTION CENTER       STOCKADE       WEST COUNTY DETENTION

INMATE'S NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

RACE: \_\_\_\_\_ SEX:  MALE  FEMALE HOUSING UNIT: \_\_\_\_\_ POUCH #: \_\_\_\_\_

S.S.# \_\_\_\_/\_\_\_\_/\_\_\_\_

I, the above named inmate, have been advised by the medical staff that the medical services I am requesting are self-initiated, non-referred and non-emergency, and that I will be required to pay for these services. I acknowledge this information and I  do /  do not want these services. I further understand that if I do want these services but do not have the funds (except for off-site medical care) a negative balance will be charged against my canteen funds. Should I receive money while in the custody of the Sheriff's Office all incoming canteen funds will be credited toward medical balance until balance is paid in full.

Inmate's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check here if inmate is unable to read and this form was read to him/her.

Medical Staff Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(if required) Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHARGES (check all service rendered):**

- Nurse's Clinic ..... \$ 5.00 \*
- Medical (MD, ARNP, PA) Clinic ..... \$ 10.00 \*
- Dental Clinic ..... \$ 10.00 \*
- Prescriptions for above ..... \$ 7.00
- Transport to own doctor ..... \$ 100.00 \*\*

TOTAL COST: \$ \_\_\_\_\_

\* An inmate who attends the Nurse Clinic and is referred to the Doctor or Dentist will be charged only \$10.00 for both services combined.

\*\* The inmate must have the money in his/her account and pay for transportation costs prior to leaving the facility. This does not include costs for the medical services.

**I ACKNOWLEDGE THAT THE ABOVE SERVICES WERE PROVIDED.**

Inmate's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Staff Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness (if required): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_