

VOUCHER



Ireton Christian School
Tuition Reduction Incentive Program
104 5th Street, Ireton, Ia 51027
712-278-2245

CASH PAYMENT IN FULL MUST ACCOMPANY THIS VOUCHER
ON THE DAY SERVICES ARE RENDERED.

If necessary, insurance checks received by Dr. Beernink will be endorsed back to you.

Participant Name: _____ Patient Name: _____

Date: _____ Total Cost: _____ Staff Initials: _____

Merchant: Gregory D. Beernink, D.D.S.

**Participant- Keep this por-
tion for your records. Record
the information below. Report it
to the TRIP Coordinator to
credit you TRIP account.**

Name:

Date:

Total Cost:
Gregory D. Beernink, D.D.S.

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