



IMMUNIZATION PROGRAM COMMUNITY CLINIC REQUEST FORM

Service Agreement

Thank you for selecting Michigan Community Wellness VNA (MCW VNA) to assist your company with its Seasonal Influenza Vaccination Clinic(s). MCW VNA will provide qualified licensed nurses, vaccine, immunization supplies, consent forms, and remove all medical waste from your on-site vaccination clinic.

Please read the agreement terms: Please note that clinic times and staff will be based on the **final** total number of participants projected, due no later than 10 days prior to the clinic date. Clinics with less than 20 participants will be ONE (1) HOUR in length, additional time will be provided based on increases in participant projections.

A location, such as a conference or lunch room, accessible to patients receiving immunizations must be made available as the clinic site room. A table(s), chairs, and a wastebasket must be provided. Privacy may be a priority to some, so a private area nearby would be helpful.

COST

Quadrivalent Flu Shot \$33

Trivalent High Dose \$50

Pneumonia \$95

PAYMENT OPTIONS

(Photo Copy of Insurance Card Required)

1 **Insurance:** We bill the following insurances with flu vaccine coverage:

BCBS *(except TEA Prefix)*

BCN

HAP *(except CIGNA HAP)*

Medicare

Priority Health

and their Medicare Advantage Plans

2 **Cash or Check:** Payable to Michigan Community Wellness VNA. Must pay at time of service.

NOTICE OF CANCELLATION must be received via Fax to (248) 967-8315

Your signature below indicates your understanding and acceptance of these terms.

Organization Name

Requested Date & Time

Today's Date

Address

City

State

ZIP

Contact Name

Telephone

Email Address

Alternate Contact

Alternate Contact Telephone

Authorized Signature

Vaccine Request

Flu Shots: _____

Pneumonia*: _____

High Dose >65 Yrs*: _____

Children 3-18 Yrs: _____

Preservative Free _____

Children <3 Yrs: _____

***PNEUMONIA, HIGH DOSE & FLUMIST will not be available unless reserved 10 days prior to clinic date.**