



IMMUNIZATION PROGRAM CORPORATE 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: A service charge of \$50.00 will be added to clinics with fewer than 20 flu shots given. Please note that clinic times and staff will be based on the total number of participants projected. If your company requires the nurse to stay beyond the originally agreed upon scheduled time, an additional \$50/hr per nurse will apply (hours will not be prorated). Changes in VACCINE PROJECTIONS OR VACCINE TYPE must be received 10 business days prior to the scheduled clinic.

A location, such as a conference or lunch room, accessible to employees/dependents 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

(Early Bird clinics booked by July 31st will receive a \$1.00 discount per Flu shot)

Quadrivalent Flu Shot \$33

Trivalent High Dose \$50

Pneumonia \$95

PAYMENT OPTIONS

(Photo Copy of Insurance Card Required)

- 1 **Invoice:** Is the company willing to pay for all flu shots or for those employees without insurance? Payment is due within 15 days of the clinic date. Corporate payment received at the time of service will receive a \$1.00 discount per flu shot (may be combined with the Early Bird discount). Invoice will be provided on date of service.
- 2 **Insurance:** We bill the following insurances with flu vaccine coverage:
 BCBS *(except TEA Prefix)* BCN HAP *(except CIGNA HAP)* Medicare
 Physician Health Plan Priority Health and their Medicare Advantage Plans
- 3 **Employee Cash or Check:** Payable to Michigan Community Wellness VNA. Must pay at time of service. Early Bird Discount may apply

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

If notice is received 48 hours prior to the scheduled clinic date, there will be no financial penalty.

If notice is received within 25 hours, but less than 48 hours prior to the clinic date, a fee of \$400 will be billed.

If notice is received within 24 hours of the scheduled date, the full \$500 minimum is due.

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

Company Name	Requested Date & Time	Today's Date
Company Address	City	State ZIP
Company Contact	Telephone	Email Address
Alternate Contact	Alternate Contact Telephone	Authorized Signature

Vaccine Request and Payment Method		
	No. of Vaccines	Payment Options (see above for more info)
Flu Shots: _____	Pneumonia*: _____	1 Invoice: _____
High Dose >65 Yrs*: _____		2 Insurance: _____
Children 6 mo-18 yrs: _____		3 Cash/Check: _____
Preservative Free _____		

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