



Immunization Clinic
 720 South River Road, Suite E-101
 St. George, Utah 84790
Phone: 801-410-8081
www.cns-cares.org/immunizations-flu-shots

For administrative use only:
 Clinic #: _____ Clinic Date: _____
 Start Time: _____ End Time: _____
 Nurses: _____ Clerks: _____
 Confirmation: _____
 Date: _____ Initials: _____
 Date Received: _____
 Additional Info: _____

FLU CLINIC Scheduling Form

Email completed form to Natalie.Diamond@cns-cares.org or print & fax to (801)207-8776

Company Name: _____
 Address: _____ City: _____ Zip: _____
 Contact Person: _____ E-mail: _____
 Phone: _____ Alternate Phone: _____
 Alternate Contact: _____ E-mail: _____
 Phone: _____ Alternate Phone: _____
 Preferred Clinic Date: _____ Start Time: _____ End Time: _____
 Alternate Clinic Date: _____ Start Time: _____ End Time: _____
 Spanish Translation Needed? Yes No (we will do our best to send Spanish speaking staff, but it is not guaranteed)
 Number of vaccine doses requested:
 Regular Flu Shots (age 6 mos +) _____ Sr Flu Shots (age 65+) _____

Payment Information

Community Nursing Services is contracted to directly bill the following insurance:

Aetna, Ameriben, Blue Cross (*no Blue Option*), Cigna, Direct Care Administrators, DMBA, Educators Mutual (EMI), GEHA, Meritain, Molina, Molina Marketplace, Oxford Health Plan, PEHP, Select Health, United Health Care, University of Utah, UMR, Tall Tree Administrators, Tricare, WISE Network, CHIP, Utah Medicaid, Medicare Part B, and most Medicare Advantage Plans.

***Insurance card and photo ID must be presented at time of service.**

I understand that any changes to my clinic must be made 10 days prior to the scheduled clinic date to avoid a \$50 clinic fee and that a \$50 clinic fee may be charged if less than 25 shots are given at my clinic.

Signature required: _____

Bill Insurance? Yes No Which Insurance(s) will be billed? _____
 Network: _____

Bill Company? Yes No Please specify whom company will pay for: _____
**A 5% discount will be applied if you wish to pay in full on the day of the clinic. (i.e. All employees, uninsured employees, all family members, etc.)*

Any Self-Pay? Yes No (For those without insurance wanting to pay cash price.)

Specific driving/parking instructions and additional information: _____
