



# Say Boo to the Flu



and Increase Educational Funds for your School

## 2016 Flu Clinic Scheduling Form

Please complete and fax back to: 801-207-8776

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Requested Date of Clinic: \_\_\_\_\_

Clinic Start Time: \_\_\_\_\_ Clinic End Time: \_\_\_\_\_

Preferred Marketing Method: Paperless (.pdf Flyer) \_\_\_\_\_ Send Home Flyer \_\_\_\_\_

Approximate School Enrollment Number: \_\_\_\_\_ Approximate Spanish Speaking only: \_\_\_\_\_

Is this clinic in conjunction with another school event? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your school a Title One or United Way Promise School? Yes \_\_\_\_\_ No \_\_\_\_\_

**Community Nursing Services is contracted to directly bill the following insurances:**

Aetna, Altius, Ameriben, Blue Cross, Direct Care Administrators, DMBA, Educators Mutual, GEHA, Meritain, PEHP, SelectHealth, UMR, United Health Care, University of Utah, CHIP, Medicaid for children, Medicare part B, and some Medicare Advantage Plans.

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

**CNS is a VFC (Vaccines for Children) provider.**

**Community Nursing Services Immunization Program**

**Phone: 801-207-8777**