



CNS Cares

2020 Flu Clinic Scheduling Form (PEHP)

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

For administrative use only:

Clinic #: _____ Clinic Date: _____
 Start Time: _____ End Time: _____
 Nurses: _____ Clerks: _____
 Confirmation: _____
 Date: _____ Initials: _____
 Additional Info: _____

Company Name: _____
 Address: _____ City: _____ Zip: _____
 Contact Person: _____
 Phone: _____ Alternate Phone: _____
 Fax: _____ E-mail: _____
 Alternate Contact: _____ Phone: _____
 Preferred Clinic Date: _____ Start Time: _____
 Alternate Clinic Date: _____ Start Time: _____
 Will this clinic offer pediatric Flu Shots to children 6 months and up? Yes _____ No _____
 Number of vaccine doses requested: Flu Shots: _____

Payment Information

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

Aetna, Altius, Ameriben, Blue Cross, Cigna, Direct Care Administrators, DMBA, Educators Mutual, 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, Medicaid, Medicare Part B, and most Medicare Advantage Plans.

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

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

Bill Company? Yes _____ No _____ Please specify whom company will pay for: _____

Individual Pay? Yes _____ No _____ Please specify who will pay individually: _____

(For those without insurance wanting to pay cash price.)

Specific driving/parking instructions and additional information: _____

