



For administrative use only:

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

2021 Flu Clinic Scheduling Form (PEHP)

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

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: _____

