



COMMUNITY NURSING SERVICES

IMMUNIZATIONS

FLU/COVID-19 CLINIC Scheduling Form

Email or Fax completed form to Natalie Diamond

✉ Natalie.Diamond@cns-cares.org ☎ 801-207-8776 📞 801-410-8081 (response time is 24-48 hours)

For administrative use only:

Clinic #: _____ Clinic Date: _____

Start Time: _____ End Time: _____

Nurses: _____ Clerks: _____

Confirmation: _____

Date: _____ Initials: _____

Date Received: _____

Additional Info: _____

Organization 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: _____

Number of doses requested Regular Flu Shots (age 6 mos +) _____ Sr Flu Shots (age 65+) _____

COVID-19 shots **reserved**: Adult (age 12+) _____ PEDS (age 6 mos-11 yrs) _____ **accurate COVID-19 #'s are required*

Payment Information

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

Aetna, Ameriben, Blue Cross, Cigna, Direct Care Administrators, DMBA, Educators Mutual (EMI), GEHA, Meritain, Molina, Molina Marketplace, MotivHealth, Oxford Health Plan, PEHP, Select Health, Tall Tree Administrators, Tricare, UMR, United Health Care, UUHP, Surest, WISE Network, CHIP, Utah Medicaid, Medicare Part B, and most Medicare Advantage Plans.

**If your group insurance plan is not listed, please ask us before scheduling*

***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.

A \$100 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: _____