



COMMUNITY NURSING SERVICES

IMMUNIZATIONS

IMMUNIZATION CLINIC Scheduling Form

Email or Fax completed form to Talea Sedgwick

✉ Talea.Sedgwick@cns-cares.org ☎ 801-207-8776 📞 435-299-0993 (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: _____

Phone: _____ Alternate Phone: _____

Fax: _____ E-mail: _____

Alternate Contact: _____ Phone: _____

Preferred Clinic Date: _____ Start Time: _____ End Time: _____

Alternate Clinic Date: _____ Start Time: _____ End Time: _____

Type and number of vaccine(s) requested: _____

Estimated Number of participants: _____ Age of those to be Immunized: _____

Which event this is in conjunction with: Kindergarten registration 7th grade registration Other

Is this school: Title One United Way

Specific driving/parking instructions and additional information: _____

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.***

****Children who are uninsured will be asked to pay a \$14 administrative fee for each needed vaccine.
The vaccine itself is provided by the federal Vaccines For Children (VFC) program***

Signature required: _____