*Salt Lake Area Scheduling Form

Community Nursing Services

CNS Cares

Immunization Clinic
2820 S Redwood Rd
West Valley City, UT 84119
Phone: 801-410-8081
www.cns-cares.org/immunizations-flu-shots

For administrative use only:
Clinic #: _____ Clinic Date: _____
Start Time: _____ End Time: _____
Nurses: _____ Clerks: _____
Confirmation: _____
Date: _____ Initials: _____
Date Received: _____
Additional Info: _____

2023 FLU CLINIC Scheduling Form

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

Company 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: _____

Spanish Translation Needed? ☐ Yes ☐ No

Will this clinic offer pediatric Flu Shots to children (6 months and up)? Yes ☐ No ☐

Number of vaccine doses requested: Flu Shots: _____ How many for over age 65? : _____

Payment Information

Community Nursing Services is contracted to directly bill the following insurances:
Aetna, Ameriben, Blue Cross, 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.

*** CNS Now Accepts Cigna ***

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 schedules clinic date to avoid a $50 clinic fee and that a $50 clinic fee may be charged if less than 20 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.*

Will company pay in advance? Yes ☐ No ☐

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: _____

REV 8/4/2023