



flu ends with u
GET VACCINATED

CCVNA.com

SCHEDULE YOUR ON-SITE CLINIC TODAY!

VNA Community Services is pre-booking on-site immunization clinics for the 2020-2021 season. Flu clinics will be scheduled the last week of September through December contingent on vaccine availability on a first come, first served basis.

Studies show flu vaccination results in decreased work absenteeism and increased productivity. The decision to immunize helps to protect our community from the serious effects of influenza. When you choose VNA professional, experienced nurses, you support a local, non-profit healthcare organization.

In order to provide the safest and best immunization experience, we have made changes to our program. Please review the VNA COVID-19 Clinic Safety Contract. On-site clinic locations must be well-ventilated and large enough to accommodate physical distancing.

CLINIC OPTIONS

Choose from three clinic options designed for minimal contact. Each option requires adherence to our COVID-19 Clinic Safety Contract.

1. On-site clinic at your organization with modifications for physical distancing
2. Curbside immunizations at your organization
3. Drive Thru Clinic at the VNA office in Monterey on select Saturday afternoons in October.

HOW TO REGISTER

Visit www.ccvna.com to register online

OR Complete the following Flu Clinic and COVID-19 Safety Contracts and return:

Fax (831) 648-7726 Attn: Flu Coordinator or email to VNAflu@ccvna.com

Questions? 831.372.6668 ext. 2097

IMPORTANT INFORMATION

We will contact you within 3 days to confirm your clinic registration. Every effort is made to schedule your preferred date and time, but please provide an alternative date and time. All clinic scheduling is contingent upon vaccine availability.

ELECTRONIC IMMUNIZATION RECORDS

We have gone paperless! Consent forms and payment options are now in electronic format. Proof of immunization will be provided at the time of service.

INFLUENZA VACCINES & FEES

- Standard flu shot - \$35 (ages 2 & up)
- FluMist® nasal spray - \$35 (ages 2-49)
- High Dose - \$60 (ages 65 & up)
- Recombinant, egg-free - \$60 (ages 18 & up)

\$75 on-site clinic fee for less than 25 participants.

PAYMENT & INSURANCE

- Invoice billing for corporate groups
- Cash/Check/Credit (due at time of service)
- *Insurance billing available for:
 - Aspire Health Plan
 - Blue Shield
 - Coastal TPA
 - UnitedHealthCare
 - Medicare Part B (for influenza and pneumococcal vaccines only)
- All Medicare Part A patients must be billed directly to extended care facilities per Medicare consolidated billing requirements.

**Additional insurance plans pending; please inquire.*

ADDITIONAL SERVICES

Clinics for TB skin testing, Hepatitis A or B, Pneumonia, Shingles, and Tdap vaccines can be scheduled at the same time or throughout the year. Please call for fee schedule.



COVID-19 CLINIC SAFETY CONTRACT

In order to secure a flu clinic with VNA, your organization must adhere to the requirements below.

SELECT CLINIC TYPE (check one)

Option 1: ON-SITE INDOOR CLINIC

- Well ventilated clinic area
- Area with table(s) and chairs available 30 minutes prior to clinic start time
- Physical distancing in waiting area - marked 6 feet apart
- Physical distancing between immunization stations - 10 feet apart
- Appointments - individual or blocked groupings
- Masks required by all participants
- Hand sanitizing station(s)
- Host staff to assist in reinforcing distancing and aid in clinic flow
- Complete Influenza Clinic Contract

Option 2: OUTDOOR OR CURBSIDE CLINIC

- Masks required by all participants
- Appointments - individual or blocked groups
- Clinic area free of traffic and parked cars
- Area with table(s) and chairs available 30 minutes prior to clinic start time
- Host staff to assist in clinic flow
- Submit map or plan of outdoor location
- Complete Influenza Clinic Contract

Option 3: DRIVE-THRU CLINIC

- Contract to follow based upon location

By signing this document, you agree to provide the listed items.

Organization

Signature

Print Name

Date

For VNACS use only:

DATE RECEIVED

CLINIC DATE



2020-2021 INFLUENZA CLINIC CONTRACT

Organization Name

Organization Type (check one)

- Corporate School City/Gov't.
 Non-Profit Community Residential or Care Facility*

*Medicare requires VNA to bill facility directly for Part A patients

On-site Clinic Address

STREET
CITY ZIP

Number of people at location

Approximate number to receive immunizations*

Billing Address

STREET
CITY ZIP

Main Contact

FIRST + LAST NAME
EMAIL
PHONE
FAX

Alternative Contact

FIRST + LAST NAME
EMAIL
PHONE
FAX

Preferred clinic date

DATE TIME FRAME

Alternative clinic date

DATE TIME FRAME

Parking Instructions

Clinic Option 1: Describe on-site indoor clinic location

Clinic Option 2: Describe outdoor or curbside location

Notes

Payment Method (check one)

- Company Invoice Combined Company/Individual
 Individual - Cash/Check/Visa/MasterCard
 Aspire Health Plan Blue Shield
 Coastal TPA UnitedHealthCare
 Medicare Part B Other _____

Primary Language Needs (check one)

- English Spanish

All clinic scheduling is contingent upon vaccine availability. Contract MUST be completed to schedule a clinic. Incomplete forms will delay clinic confirmation. I have read the entire document and agree to the terms therein.

Signature

Print Name

Date

For VNACS use only:

DATE RECEIVED

1
 2
 3
CLINIC TYPE

C-19
 Drive-Thru
CONTRACTS

RATE / CLINIC FEE

MDV PFS
 HD RIV
 LAIV _____
 VACCINE TYPE(S)

NOTES