



Welcome to the Blue Fish Saturday flu clinic!

Please complete the Information Sheet (page 5, one per family) as well as a signed Flu Waiver (last page, one for each person receiving a flu shot) and bring with you to the flu clinic.

Saturday Flu Clinic Flow Sheet

STEP ONE

Check in for the flu clinic on the ground floor of Medical Plaza 3 (the Blue Fish bldg), on the Wells Fargo side (south entrance).



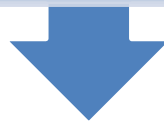
STEP TWO

Check in by receiving a flu clinic information packet, flu waiver form and time slot ticket. If you'd like a ticket for later in the day, let us know. Otherwise, we'll give you the earliest time slot available.



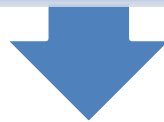
STEP THREE

Return at the designated time on your ticket to the actual Blue Fish clinic (Suite 760) with the INFORMATION SHEET and WAIVER completed and PACKET read.



STEP FOUR

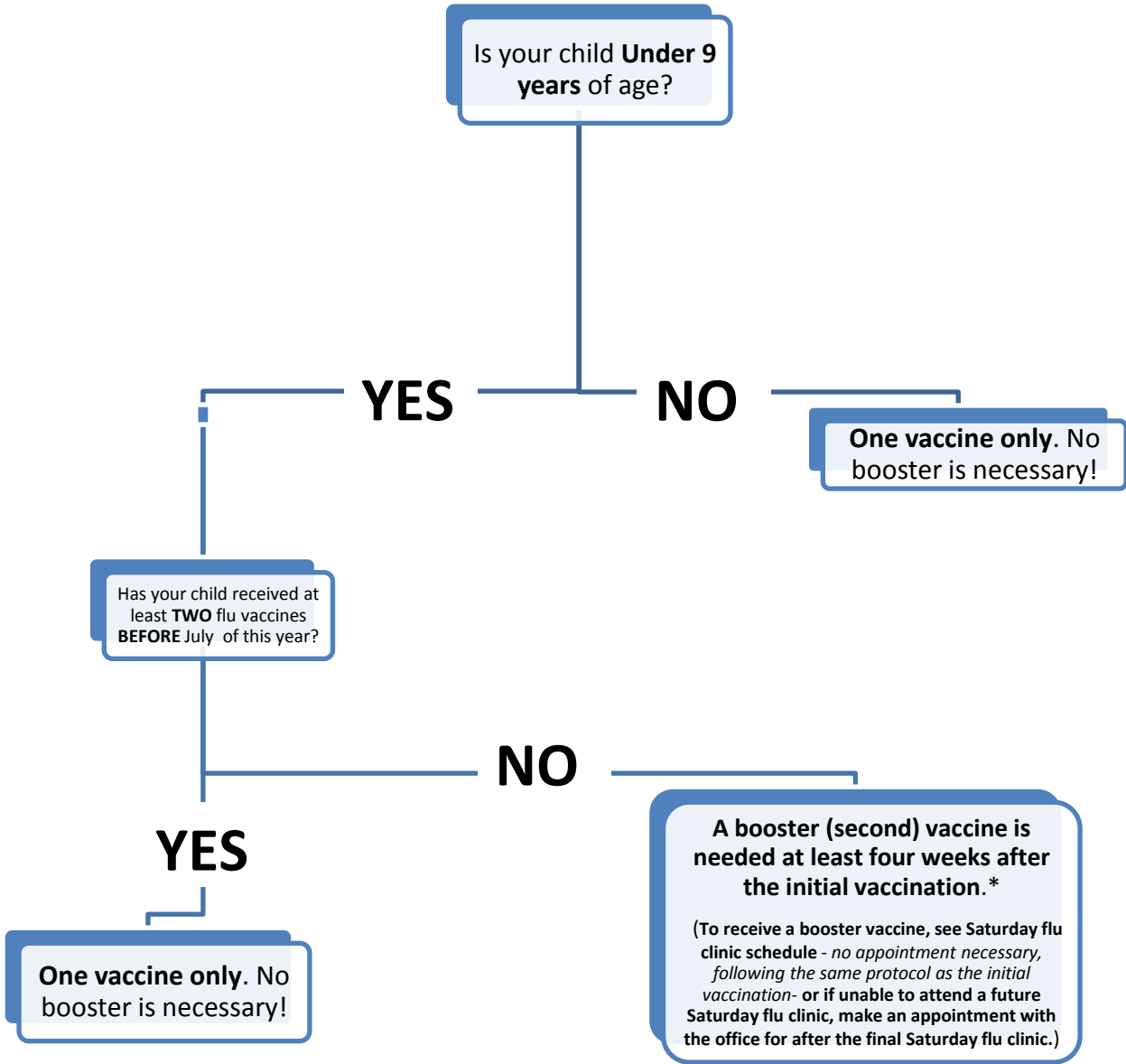
Pay for the visit at the Well Side check-in window and wait to be seen.



STEP FIVE

Receive vaccine and review whether or not you need a booster (Page 3).

Does Your Child Need a Booster Vaccine?



* A minimum of 4 weeks is required between vaccinations, but a longer interval is acceptable. The sooner this booster can be administered after the 4 weeks, however, the better.



Information Sheet

Date of Clinic: _____

Parent(s) Name(s):		
Address:		
Phone Number 1	Phone Number 2	Phone Number 3
Email:	Insurance Carrier:	
Payment Type (circle): Cash Credit/Debit Check		
Child 1		DOB
Asthma or High risk conditions		Injection
Child 2		DOB
Asthma or High risk conditions		Injection
Child 3		DOB
Asthma or High risk conditions		Injection
Child 4		DOB
Asthma or High risk conditions		Injection
Child 5		DOB
Asthma or High risk conditions		Injection

BLUE FISH

P E D I A T R I C S

www.bluefishmd.com

2019-2020 Flu Vaccine Waiver

We would like to be certain that you do not have any medical conditions that would contraindicate the administration of the flu vaccine. If you are pregnant, the flu vaccine is recommended. Also, we wish to avoid any misunderstanding concerning payment for the flu vaccine. Therefore, please read the following information and sign at the bottom of the sheet.

Those who should not receive the injectable flu vaccine:

- Children less than 6 months of age
- Anyone with moderate to severe febrile illness
- Anyone with an active neurological disorder
- Anyone with a history of Guillain-Barré syndrome
- Also, please let us know if you have a bleeding disorder or are receiving anticoagulant therapy.
- We recommend all family members 65 years and older see their doctor for the high dose flu vaccine.

For those with a known Egg Allergy:

- All children with egg allergy of any severity **can receive influenza vaccine** without any additional precautions beyond those recommended for any vaccine.

All parents (and family members who are not Blue Fish patients) receiving the flu vaccine will pay cash prices. If you would like to receive the flu vaccine via your insurance, please arrange for your flu vaccine through your regular doctor.

Cash paying patients: The cost is **\$35** for injection. If VFC eligible and VFC flu vaccine is in stock, then the cost is **\$14.85** for the administration fee.

Medicaid and CHIP: The vaccine is covered by your insurance as long as we have the VFC flu vaccine in stock. If we should run out of VFC stock, you can pay the cash price for the vaccine.

Commercial Insurance: You will need to pay your copay for your insurance. Even if your copay is higher than what we charge our cash paying patients, we are contractually obligated by the insurance carrier to charge you the full copay amount. Insurance companies are firm concerning this matter. We apologize for this inconvenience, but we are contractually obligated to do so. You have the option of receiving the flu vaccine elsewhere such as a grocery store or pharmacy for their cash price (as they are not contracted with your insurance company).

We understand that the logistics of the flu shot compensation and supply are rather complex, inconvenient, and illogical. If you feel so led, please contact the vaccine manufacturers or your insurance company to offer helpful suggestions. Please ask any Blue Fish staff for help if you need any clarification of our policies.

Person receiving Flu Shot: _____

DOB: _____

Signature of Parent: _____

Date: _____

Is this a BLUE FISH Patient? YES NO

Phone: _____

Lot #: _____

***Please fill out one flu waiver for each person receiving the vaccine**