

## Administration of FluMist™ Vaccine Agreement

By signing below, I agree that in the event that my insurance policy does not cover the FluMist<sup>TM</sup> vaccine, that I will be responsible for the cost regardless of what my insurance company states on the Explanation of Benefits.

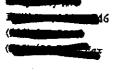
Name:	Date:
Witness:	Date:

## FLUMIST® ACKNOWLEDGEMENT FORM

(BCBST), has determined that FluMis	COPT Code 90660) may be an eligible
	potential costs of the referenced services. for all charges that exceed the Maximum e under the terms of my health benefits
	Signature of Patient or Responsible Person
-	
	Date:





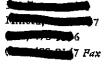


MD, FAAP MD, FAAP MD, FAAP

PATIENT

y, CPNP , PA-C.

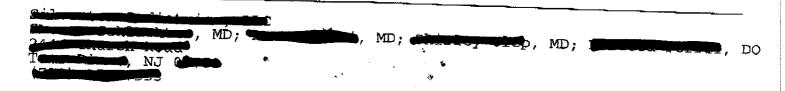
, CFNP



, MD, FAAP MD, PAAP 🛋, MD, FAAP MD, FAAP , GPNP

## IMMUNIZATION WAIVER

NA.	AME	DOB
ful adi	mburse for the vaccine in a lift of the second in the seco	ny insurance company may not idicated below, and I agree to assume for the cost of the vaccine and hat some insurance companies may
	uire a co-payment for thi ase check any/all that ap	
	Menactra/meningoco	<b>"</b> -
[]	Influenza vaccine	
[]	Other	<u> </u>
$\overline{Par}$	ent/Guardian signature	70.4
	The state of the s	Date



Mr. Manny Mouse 123 Bunko Lane Wanamassa, NJ 07712

Dear Mr. Manny Mouse,

As a courtesy, we will bill your insurance for the Flu Vaccine for Manny Mouse. If the vaccine is not covered under your insurance, payment of \$65.00 will be your responsibility, and due upon receipt of your bill. Flu Mist is also available, but not covered by most insurance companies. If you choose the Flu Mist, \$40.00 is due at the time of service.

Sincerely,

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Flu Shot	Date	Pt. Age	site on pt.	Nurse Initial	Parent/guardian Initials
Flu Shot			<del>-</del>		
Flu Shot					-
Flu Shot					
Flu Shot					
Flu Shot					
Flu Shot					Varia
Flu Shot					
Flu Shot					
Flu Shot					
Flu Shot			<u> </u>		
Flu Shot					
Flu Shot					