

On-Site Flu Clinics

Pre-Booking for 2017



Hosting an on-site flu shot clinic is an easy and convenient way to ensure that your employees get vaccinated.

The best way to minimize or avoid the flu is by getting a yearly flu shot. To better serve your employees and staff, we'll come on-site before, during, or after work hours to administer the flu shots. Our friendly, professionally-trained staff will work with you every step of the way. We also provide promotional material to help promote your clinic as well as record keeping. Only hand-selected, highly qualified nurses provide our vaccinations.

Cost & Participation

Vaccinations are covered 100% by most major insurance plans under the Affordable Care Act (with the exception of some grandfathered status plans). Wellness Express accepts and files claims with BCBSLA, CIGNA, UHC, AETNA, GILSBAR and more. We accept MEDICARE PART B for Flu and Pneumonia shots only.

If you would like Wellness Express to bill your insurance, a company representative is required to verify vaccination coverage with insurance provider prior to scheduling clinic.

We are able to invoice employers and/or accept payment from employees. Customized quotes can be given for larger groups that are invoiced.

20 participants are required at each clinic site

On-site clinics for other vaccinations, vitamin injections & biometric screenings can be scheduled concurrently or anytime throughout the year.

Do you offer vaccinations to all age groups?

We vaccinate anyone 9 years or older. Flu Shots are recommended for anyone 6 months or older.

What if I cannot participate in the on-site clinic?

Vaccinations are also available at Wellness Express for employees. Visit our website wellnessexpress.org for directions and hours of operation.

It's Easy

If you would like to be contacted to set up a vaccination clinic at your business, please fill out the form attached. Every effort will be made to conduct clinics on the preferred date/times indicated on the interest form. Please choose an alternate date as some days fill up quickly.

Please note: the dates you request on this form are requests only and will not be confirmed until you are contacted by Wellness's Express's Staff.

Complete the Attached Form
Return via Fax or Email

Fax: (337)984-5037 Email:
allison@wellnessexpress.org

For additional information or questions
please call: (337)988-1138

Please Print - entire form must be completed for clinic scheduling

Organization _____

Contact Person _____

Phone () _____ Fax () _____

Alt. Phone () _____ Email: _____

Billing:

Physical:

Address: _____

Address _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Please select the services you would like to receive:

- Flu Vaccine Tdap Pneumonia Vitamin Injections
 Biometric Screenings Other Vaccination _____

Approximate number of participants: _____

Preferred Payment Method: Invoice Company Insurance Individual/Employee Pay, Cash/Check/Credit
Select all that apply.

Insurance Provider Name: _____

It is the company's responsibility to verify that vaccination coverage with insurance provider prior to clinic.

Request up to two (2) Dates/Times
(These Dates Are Not Guaranteed; They Are Only Requests)

First Choice: (DAY & DATE) _____ TIME: _____ AM/PM

Second Choice: (DAY & DATE) _____ TIME: _____ AM/PM

Special requests or

Instructions: _____

Please return this form to: Email: allison@wellnessexpress.org or Fax: (337)984-5037

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