

*Live healthier
while you
work*



On-Site Clinic Booking Form

Hosting an on-site clinic is an easy and convenient way to ensure your employees stay healthy.

Vaccinations

Vaccinations are covered 100% by most major insurance plans. If you would like us to bill your insurance, a company representative is required to verify vaccination coverage with your insurance provider prior to scheduling. If there are any questions regarding which insurance plans we accept, please contact our office. We are also able to invoice employers and/or accept payment from employees.

Convenience

To better serve your employees and staff, we'll come on-site before, during, or after work hours to host your clinic. 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 professionals administer vaccines and perform screenings.

Biometric Screenings

Cost will be covered as a preventative claim with no out-of-pocket expense to eligible BCBSLA members; Non-eligible screenings cost \$45 per person, which can be invoiced directly to the company. All participants receive a report with results and if available will include the previous year's results as well.

To schedule an on-site clinic,
complete attached form and
return via email or fax:
info@wellnessexpress.org
fax: (337) 984-5037

Vitamin Injections

Vitamin injections are the most powerful way to fight fatigue, push your energy through the roof. Hosting an on-site Vitamin Injection Clinic is easy and convenient. Cost is incurred on an individual basis ranging between \$15-\$25 per injection. Insurance does not cover Vitamin Injections.

It's Easy

If you would like to be contacted to set up a 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 list on this form are requests only and will not be confirmed until you are contacted by Wellness Express.

On-site Clinic Booking Form



207 NORTH LUKE STREET LAFAYETTE, LA 70506
PH:(337)988-1138 F:(337)984-5037
WWW.WELLNESSEXPRESS.ORG

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: *(check all that apply)*

Flu Vaccine Biometric Screenings Vitamin Injections
(Cash/Check/Credit only) Other Vaccines: _____

Approximate number of participants: _____
(minimum requirement 20)

Preferred Payment Method: Invoice Company Insurance Individual/Employee Pay, Cash/Check/Credit
(check 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 *(for flu clinics, please choose dates between late September - January)*
(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: info@wellnessexpress.org or Fax: (337)984-5037

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