

# Flu Shot Clinic



Office: 1-800-764-0418

KMM provides flu shots as a **company-paid program**. **NO INSURANCE FILING / USAGE**. Minimum participation requirement is **10 employees** guaranteed. Can be scheduled with a Health & Wellness Fair or separately.

**Cost:** (Please check where applicable)

- Guaranteed 10 employee minimum PER location: \$28 per flu shot**
- 11-50 employees PER location: \$27 per flu shot**
- 51 and up employees PER location: \$26 per flu shot**
- Individual (employee paid / employee family member paying): \$28 per flu shot**

- **Pricing is subject to change. Please contact KMM.**
- **If minimum is not met per location, a \$99 travel fee will be charged.**

Employees are to RSVP their time: *(If with KMM, we take care of all scheduling and friendly reminders)*

\_\_\_\_\_ Direct with KMM On-line                      \_\_\_\_\_ Direct with Company

## Scheduling

Requesting Date (Please include DAY) / & ONE HOUR Time Frame: \_\_\_\_\_

Address Where Flu Shot Clinic will be held at: \_\_\_\_\_

Location of Flu Shot Clinic: *(For example: Cafeteria, Gym, Break Room):* \_\_\_\_\_

Billing Address & Responsible Party: (Please print)

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

I am authorizing Kaiser Medical Management to provide \_\_\_\_\_ *Company Name* \_\_\_\_\_ a Flu Shot Clinic for its' employees / members and have reviewed and understand cost. I understand that all employees will have to sign a release waiver showing they are requesting to have a flu shot and have read and understand the flu shot vaccination consent form and that the Company, KMM, nor Administer is responsible for any liability. KMM will invoice for payment with in 7-business days after Flu Shot Clinic date. I understand minimums must be met or a \$99 travel fee will be charged. I understand no additional discounts apply.

\*Late fees will apply if payment not submitted by due date. Please refer to Terms on page 18.

Signature Approving Flu Shot Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

Flu Shot Clinic  
FAX TO 1-888-688-4176  
www.kaisermedicalmanagement.com  
You will be notified by email that we received fax.