

## Travel Immunizations

*Some insurances do not cover travel immunizations and consider them elective. Due to this we require payment in full at the time of service for all travel immunizations. As a courtesy, Hillside Family Medicine will bill most U.S. health plans. Any payment received from the health plan billed for travel immunization services rendered will be reimbursed directly to the credit card used for payment at the time of service or via check that will be mailed to the address on file. Please call your insurance to verify coverage.*

*In addition to immunization charges listed below, there will be an immunization administration fee for **EACH** vaccine given.*

---

<u>NAME</u>	<u>CPT</u>	<u>COST</u>		
YELLOW FEVER	90717	\$180.00		
TYPHOID	90691	\$130.00		
RABIES (3 SERIES)	90675	\$390.00	X3	\$1,170.00
JAPANESE ENCEPHALITIS (2 SERIES)	90738	\$315.00	X2	\$630.00
CHOLERA	90625	\$350.00		
FIRST IMMUNIZATION ADMIN FEE	90471	\$50.00		
EACH ADDITIONAL IMMUNIZATION	90472	\$30.00		
FIRST ORAL/NASAL ADMIN FEE	90473	\$35.00		
EACH ADDITIONAL ORAL/NASAL	90474	\$25.00		

---

Note: You have a CHOICE about receiving lab work, procedures, tests, and/or vaccines. Healthcare coverage are rapidly changing and you the consumer need to be aware that your insurance may not cover the above recommended services. The possibility that your insurance may not cover these services does not mean that you should not receive them or that it is not in your best interest.

**Please sign below indicating you have read, understand, and agree to the above information regarding possible non-coverage of Travel Immunizations and the associated immunization administration fees:**

---

Signature of Patient or Person acting on patient's behalf

---

Date

---

Name of Patient (Print)

---

Date of Birth