

# Front Range Flu Shots 2020

Scheduling Preferences and Payment Terms

\* Required

1. Did Front Range Flu Shots, LLC provided flu shots for your Company in 2019? \*

*Mark only one oval.*

Yes

No

2. Will your Company be at the same location this fall? \*

*Mark only one oval.*

Yes    *Skip to question 8*

No

3. Company Name \*

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4. Street Address \*

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5. City \*

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6. State \*

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7. Zip \*

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Contact Information

8. Contact First Name \*

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9. Contact Last Name \*

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10. Contact Title \*

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11. Email \*

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12. Company Phone Number \*

Please use format: XXX-XXX-XXXX

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13. Direct Line (include extension)

Please use format: XXX-XXX-XXXX Ex: XXXX

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14. Mobile Phone Number (not required)

Please use format: XXX-XXX-XXXX

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15. Fax (not required)

Please use format: XXX-XXX-XXXX

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16. Is there another person you would like to add as a secondary contact for your Company? \*

**Mark only one oval.**

Yes

No     *Skip to question 23*

Secondary Contact

17. Secondary Contact First Name

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18. Secondary Contact Last Name

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19. Secondary Contact Title

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20. Secondary Contact Direct Email Address

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21. Secondary Contact Direct Phone Number

Please use format: XXX-XXX-XXXX Ex: XXXX

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22. Secondary Contact Mobile Phone Number (not required)

Please use format: XXX-XXX-XXXX

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### Participation

23. Although not everyone will participate, please provide total the number of employees at your location. \*

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24. New clients, if known, please provide number of flu shots given in 2019:

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25. Will company size change by fall 2020? \*

*Mark only one oval.*

No Change

We're growing!

We're downsizing.

26. Growing? How many new employees do you anticipate by fall 2020?

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27. Downsizing? How many fewer employees do you anticipate by fall 2020?

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Company Health Insurance(s).

28. Company Health Insurance Plan(s) \*

*Check all that apply.*

- Aetna
- Cigna
- Cofinity
- Health Partners
- Humana
- Meritain
- Rocky Mountain Health Plans
- UMR
- United HealthCare
- Tenants will have a variety of insurances plans.
- Insurance(s) NOT listed.

29. Company Health Insurance Plan(s) if not listed above.

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Health Plans:

Exclusive provider organizations (EPOs), types of private individual and family health insurance plans, are NOT ACCEPTED INCLUDING, BUT NOT LIMITED TO: Cigna Connect and Freedom, and Humana HMOX.

UnitedHealthcare CORE, Charter, Navigate, Centura, Colorado Doctors Plan or any short-term policies are NOT ACCEPTED.

30. Company Health Plan type(s). Example: PPO, HMO, Local Plus, Etc. \*

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31. Claims and Payment Plans for Employees. \*

*Mark only one oval.*

- Do not submit claims to insurance company. Our Company WILL pay for employee vaccinations regardless of insurance plan.
- Submit claims to accepted insurance companies and our Company WILL pay for employee vaccinations not covered by insurance.
- Submit claims to accepted insurance companies and our Company WILL NOT pay for employee vaccinations not covered by insurance. Employees' not covered by an accepted insurance are responsible for making payment to the on-site nurse.

Company Payment Terms

32. Select Form of Payment by Company. NOTE: Any invoice not paid within 30 days is subject to a 1.5% monthly finance charge. \*

*Mark only one oval.*

- Check will be processed after clinic date.
- Automated Clearing House (ACH).
- Cash or Check at time of the clinic.

33. Describe your Company Terms if more than net 30 is required:

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Family Members

34. Will Family Members be invited to attend your flu shot clinic? \*

*Mark only one oval.*

- Yes
- No     *Skip to question 36*

35. Claims and Payment Plans for Family Members. \*

*Mark only one oval.*

- N/A. Family members will not be attending the flu shot clinic.
- Do not submit claims to insurance company. Our Company WILL pay for Family Members' vaccinations regardless of insurance plan.
- Submit claims to accepted insurance companies and our Company WILL pay for Family Members' vaccinations not covered by insurance.
- Submit claims to accepted insurance companies and our Company WILL NOT pay for Family Members' vaccinations not covered by insurance. Family Members' not covered by an accepted insurance are responsible for making payment to the on-site nurse.

Payment Terms for Individuals

36. Individuals not covered by insurance or Company must make payment at time of service. Payment options for individuals are cash, check, Health Savings Account (HSA), or credit card.  
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*Mark only one oval.*

Okey-dokey!

### Scheduling

37. Normal Business Hours: \*

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38. Mark all days that work best for your Company. Keep in mind our biggest requests are for midweek. \*

Check all that apply:

*Check all that apply.*

- Any weekday works for us.
- Sun
- M
- T
- W
- Th
- F
- Sat
- A specific date is required or has been scheduled.



39. If a specific date is required, or has been scheduled, please enter below. Please provide Company event associated with request. (optional)

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40. Can we schedule your flu shot clinic on a Friday? \*

*Mark only one oval.*

- Yes. We can have our flu shot clinic on any given Friday.
- Yes; however, specific time(s) and or date(s) are required.
- No. Fridays do not work for us.

41. If applicable, provide Friday Specific Time(s) and Date(s) that will work and Company event associated with request. If possible, provide multiple dates.

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42. Clinic Time Preference: \*

*Check all that apply.*

- Any time of day works for us.
- Morning
- Lunchtime
- Afternoon
- A specific time of day is required or has been scheduled.

43. If a specific time is required, or has been scheduled, please enter below. Please provide Company event associated with request. (optional)

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Setup Fees,  
Parking Fees  
& Terms of  
Agreement

**Setup Fees**

2020 Covid-19 Surcharge: \$1.00 per person up to a \$30.00 maximum charge per clinic. Surcharge not to exceed \$30.00 for clinics with 30 people or more.

Clinics scheduled for 1 hour or less: A \$45.00 fee will be assessed if less than 20 vaccinations are administered.

Clinics scheduled for greater than 1 hour: A \$45.00 fee will be assessed for each hour that less than 20 shots are administered. If the total number of shots administered averages 20 or more per hour the hourly fee will be waived.

A \$50.00 fee will be assessed for clinics outside the hours of 7AM –6PM.

A \$50.00 fee may be assessed for travel to certain outlying areas.

44. Agreement to terms. \*

*Check all that apply.*

I agree to Setup Fees.

45. Parking Fee \*

**Mark only one oval.**

Parking is free at our Company location.

Company validates parking.

Company agrees to pay a \$20.00 parking fee per nurse since Company does not validate parking and parking is not free.

46. Comments:

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Cancellation of Agreement Terms:

Front Range Flu Shots LLC (FRFS) must order sufficient quantities of vaccine purchase supplies and arrange for equipment and personnel in order to administer the vaccine within the time specified. If clinic(s) is/are canceled after June 15, 2020, my Company is liable for costs incurred by FRFS. Any requests for a clinic(s) after June 15, 2020 is subject to cancellation terms.

"Force Majeure" clause – Neither party shall be considered to be in default as a result of its delay or failure to perform its obligations herein when such delay or failure arises out of causes beyond the reasonable control of the party. Such causes may include, but are not restricted to, epidemics/pandemics, including another shut down after returning to work secondary to another outbreak of coronavirus disease 2019 ("COVID-19"); but, in every case, delay or failure to perform must be beyond the reasonable.

47. Agreement to terms. \*

*Check all that apply.*

I agree to Cancellation of Agreement Terms.

48. Signature: By checking any boxes above on this form and entering your name you agree to this authorization.(INSERT NAME) \*

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Thank You!

Please don't hesitate to contact me if you have any questions.

Eileen Nickel

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