



Travel Medicine Payment Agreement

Before your visit today, please know the following:

- Travel Medicine clinic visits and immunizations are not covered by most health insurance plans.
- A typical visit to a travel clinic involves:
 - A professional fee for the 30-minute office visit with a provider.
 - A pharmacy fee for each immunization solution.
 - A technical fee for administering each immunization.
- The total fees for a travel clinic visit and immunizations are determined following your visit with the provider. The fees can vary based on the type and number of immunizations needed.
 - The office visit fee is paid prior to the appointment.
 - A cost estimate of recommended immunizations will be provided at today's visit.
 - At that time you may elect have the immunizations given today, schedule for a future date, or have the immunization given elsewhere.
- Payment forms accepted for these services include debit cards, credit cards, checks, and Health Savings Account (HSA) cards.

For today's visit, I would prefer the payment option selected below:

1. **I have health insurance and want my health insurance billed for the total fees associated with the travel medicine clinic visit and immunizations.** I understand that I will be responsible for any fees that are not covered by my insurance. I understand that the Travel Medicine clinic visit will be coded as a preventative medicine visit and that this coding *cannot* be changed if my insurer denies payment.

2. **I wish to self-pay for my travel clinic visit and immunizations at the time of service.** I understand and agree to pay the Travel Medicine clinic office visit fee at the time of check in. I understand that I will receive a quote for the immunization fees (pharmacy and administration fees). At that time, I can decide to move forward and pay the amount quoted for the immunization fees prior to receiving the immunizations. I understand that the quote provided is only an estimate and that any additional costs will be balanced billed.

Signature: _____ **Date:** _____

Note: Patients with commercial insurance, Medicare, and Medicaid will also need to sign a Notice of Non Coverage, ABN or DSHS Agreement to Pay form respectively.