



(To avoid scheduling errors & downtime fees, please conduct your employee poll before faxing this form)

**2009-2010 FLU PROGRAM**

Fax To: The WorkPlace Fax # (845) 485-4015 Date: \_\_\_\_\_  
Phone: (845) 431-8740

**Yes! Our Company wants to get Flu Vaccines for our Employees, Members and/or Volunteers!**

\_\_\_\_\_  
*Name of Company* *Address*

\_\_\_\_\_  
*Primary Contact Name (Print)* *Signature* *Phone*

\_\_\_\_\_  
*Email Address* *Fax #* *Accurate # of Flu Vaccine Recipients*

*Please check your choice(s) below:*

- Vaccines administered at Our Company Site** *(for multiple sites, please use an additional page to list addresses)*
- Group appointments @ The WorkPlace in Poughkeepsie, Beacon, Middletown**  
*(Please return this form, then call (845) 431-8740 to schedule)*
- Our Company will call The WorkPlace to schedule individual appointments at our convenience**

**Requested DAY(S)** *(Please check choice(s) \**

- Mon  Tues  Wed  Thurs  Fri  Any day
- Mon  Tues  Wed  Thurs  Fri  Any day

**...and Start TIME(S) for On-site Visits \***

- \_\_\_\_\_ : \_\_\_\_\_  AM  PM *(Approx 1 hour per nurse will be scheduled for every 15 vaccines)*
- \_\_\_\_\_ : \_\_\_\_\_  AM  PM

\* Requested dates and times will be granted on a first-come, first-serve basis and are not guaranteed.. The WorkPlace will contact you to schedule & finalize your on-site appointments. **A Minimum of 12 vaccines are required for on-site visits.**

*Fees/Billing Information:*

<b>Flu Vaccines = \$21.00 each</b>	<b>Downtime** = \$60.00 per hour, per clinician</b>
<b>Travel time* = \$60.00 per hour, per clinician</b>	<b>On-Site Nurse fee = Waived</b>
<b>On-Site Setup = \$15.00 for each location</b>	<b>Mileage Fee = Waived</b>

*Once at your company site, only the set-up and service fees will be charged unless clinician downtime occurs.*

\* Travel fees are calculated by measuring the travel time to & from your site from The WorkPlace office closest to your company.  
\*\*Downtime occurs when less than 12 shots are given per hour or if number of vaccine recipients and/or time required is overestimated. We will help you to avoid downtime fees with accurate scheduling.

**An invoice will be sent at the end of the month for services completed that month. The bill should be sent to:**

\_\_\_\_\_  
*Name of Company* *Address*

\_\_\_\_\_  
*City* *State* *Zip* *Attention* *Phone*

*Cancellation Policy:*

*Since The WorkPlace will provide clinical staffing dedicated to your needs, scheduled on-site appointments must be cancelled or re-scheduled at least 48 hours prior to scheduled date or fees will be charged.*

**Office Use Only**

**Scheduled** \_\_\_\_\_

**Nurse(s):** \_\_\_\_\_

**Notified:** \_\_\_\_\_  **Tagged** \_\_\_\_\_