

**International Travel Clinic@ the Family Wellness Center  
1000 SE Tech Center Drive, #120 (360) 567-0317  
Vancouver, WA 98683**

Date: \_\_\_\_\_ Acct # \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**WAIVER:** I have been advised that FWC does not deal with any health insurance regarding travel visits nor do they accept assignment on any fees associated with the travel clinic and I am responsible for payment in full at the time of service. Immunization prices subject to change. Some immunizations require a series of injections and there are additional fees for each travel visit.

**HIPPA Policy:** I acknowledge that I have received the FWC International Travel Clinic HIPAA policy.

**Patient Signature/Date:** \_\_\_\_\_

<u>Service / Immunization</u>	<u>Code</u>	<u>DX</u>	<u>Fee</u>
Office Visit**			\$70.00 (one time fee)
Office Visit**			\$45.00 (per person if two or more people/or return visit
Nurse Visit**			\$20.00 (per visit)
Imunization fee	90471		\$40.00 (1 <sup>st</sup> one & if only one injection is received)
Immunization 2+ fee	90472		\$20.00 each additional injection x ____# of injections
Chicken Pox	90716	V05.4	\$120.00 *
Twinrix (Hep A & B combo)	90636	V05.3	\$110.00 (per injection- 3 shot series)
Hepatitis A	90632	V05.3	\$ 80.00* (per injection-2 shot series)
Hepatitis B	90746	V05.3	\$ 55.00* (per injection-3 shot series)
HPV	90649	V04.89	\$140.00 (per injection-3 shot series)
Flu	90658	V04.81	\$20.00 *
Nasal Flu (age 2-49 yrs)	90660	V04.81	\$25.00 + Administration 90473 \$10.00*
Ixiaro (Japanese Enceph)	90738	V05.1	\$235.00 (per injection-2 shot series)
Meningococcal	90733	V02.5	\$110.00
Menactra	90734	V02.5	\$110.00*
MMR	90707	V06.4	\$60.00*
IPV	90713	V04.0	\$30.00*
Pneumococcal	90732	V03.82	\$49.00
PPD	86580	V74.1	\$13.00 - no injection fee
Rabies	90675	V04.5	\$260.00 (Per-injection for pre-exposure 3 shot series)
Tetanus/diphtheria	90703	V06.9	\$20.00*
Tdap	90715	V06.1	\$40.00*
Typhoid (inj)	90691	V02.1	\$60.00
Typhoid (oral)	90690	V02.1	\$45.00
Yellow Fever	90717	V04.4	\$105.00
Zostavax (Shingles)	90736	V04.89	\$185.00

**Total Charges for Today's Visit: \$ \_\_\_\_\_ Next appointment: \_\_\_\_\_**

**\*\* Not reimbursable**

**\*If you are up to age 19 years vaccine may be available at no charge through the state of Washington as a part of the Vaccines for Children program.**