

# POLICY & PROCEDURE



<b>TITLE: Influenza Vaccine – Flat Fee</b>				
<b>Scope/Purpose: To provide flu shots for established HealthPoint patients</b>				
<b>Division/Department:</b> All HealthPoint Clinics			<b>Policy/Procedure #:</b>	
<b>Original Date:</b> 12/31/2012			<input type="checkbox"/> <b>New</b> <input checked="" type="checkbox"/> <b>Replacement for: Same</b>	
<b>Date Reviewed:</b>	<b>Date Revised:</b>	<b>Implementation:</b>	<b>CPIC Approved:</b>	<b>Board Approved:</b>
08/18/2015	08/19/2015	09/01/2015	08/20/2015	
<b>Responsible Party: Director of Nursing</b>				

## DEFINITIONS:

### POLICY:

HealthPoint will provide influenza vaccinations to **ESTABLISHED** patients. Influenza vaccinations will not be provided to non-established patients.

### PROCEDURE:

Private Stock influenza vaccine will be used for these vaccinations.

#### A. Vaccine Only Appointment:

1. Schedule a nurse visit appointment. Appointments may be double booked in the 15 minute slot.
2. Payments:
  - a. Patients who are self-pay: Charge and post the \$15.00 payment prior to patient being seen.
  - b. Patients with Medicare or Medicaid: There is no co-pay for the influenza vaccine for patients with these insurances.
  - c. Patients with private insurance: Verify the co-pay for the insurance.

#### B. Vaccine Given During Provider Visit:

1. During check-out, the front office staff will check the claim details to see if an influenza vaccine was given as part of the visit.
2. Payments:
  - a. Patients who are self-pay: Charge and post the \$15.00 payment for the influenza vaccine along with any other appropriate co-payment due for the visit.
  - b. Patients with Medicare or Medicaid: There is no co-pay for the influenza vaccine for patients with these insurances.
  - c. Patients with private insurance: No additional co-pay or co-insurance is due at time of service for influenza vaccine when it is part of a provider visit.

RELATED POLICY:

REFERENCES:

See also

REQUIRED BY:

ATTACHMENTS/ENCLOSURES:

Seasonal Influenza Vaccine Registration Consent Form

Seasonal Influenza Vaccine Registration Consent Form (Spanish)

**POLICY/PROCEDURE TRACKING FORM**

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<b>Date Reviewed:</b>	<b>Date Revised:</b>	<b>Implementation:</b>	<b>CPIC Approved:</b>	<b>Board Approved:</b>
01/04/2013	01/08/2013			
08/18/2015	08/19/2015	09/01/2015	08/15/2015	
<b>Date of Revision</b>	<b>Description of Changes</b>			
08/18/2015	Flu Vaccine for established patients only			