



INFLUENZA AGREEMENT 2009

This Agreement made this _____ day of _____, 2009, by and between Passport Health-Cincinnati (hereinafter referred to as "Passport Health," our and we) and _____ (hereinafter referred to as "Employer and you and your) do hereby agree as follows:

1. **Services Provided:** Passport Health will provide a nurse on the premises to screen and administer influenza vaccine, which is kept under monitored refrigeration. Passport Health will supply all necessary equipment including: disposable syringes, alcohol swabs, gloves, gauze and Band-Aids and will have emergency intervention supplies on hand. Passport Health will be responsible for appropriate disposal of biohazard waste. Documentation will be kept on file for one year.
2. **Immunization Cost:** \$23.00 per person (Early Sign-Up Discount)
3. **Additional Fees:**
 - An additional charge of **\$60.00 per hour per nurse** (1 hour minimum) will be charged for:
 - * Duration of the clinic for clinics with less than 20 participants
 - * Clinics outside of 8:00 a.m. to 5:00 p.m., Monday-Friday. (Note: The fee for clinics scheduled after 9:00 p.m. and before 6:00 a.m., will be \$90.00 per hour per nurse.)
 - * Clinics where we give fewer than 30 shots/hour because your employees are not available.
 - Any parking fees or tolls associated with the on-site flu clinic. Should we need to travel outside of our immediate area (beyond 30 miles) there will be a fee of \$30 per hour/nurse for travel time and mileage charged at the currently applicable IRS mileage reimbursement rate.
4. **Payment for Additional Fees:** Employer will be responsible for any additional fees arising from this agreement.
5. **Payment Terms:**
 - Employee: Payment is due in cash at the time of administration of vaccine.
 - Employer: Payment by check, wire transfer, or credit card is due upon receipt of an invoice from Passport Health. Credit card payments will incur an additional processing fee of 4% of the total bill. If payment is not received within thirty (30) days of the invoice date, employer shall be responsible for interest at the rate of one percent (1%) per month. In the event that suit is filed, Employer shall pay to Passport Health all costs of litigation. This agreement is binding for the total number (one or multiple sessions and/or locations) of flu clinics, locations, etc. agreed upon by the undersigned Employer and Passport Health or as updated by email or fax.
6. **Changes:** Our services and fees are based on the current situation (e.g. expected vaccine availability and pricing). If the situation changes, we may be required to adjust services and/or fees.
7. **Payment for Immunizations:** Immunizations will be paid for by the (please check one):

_____ Employer: Please have your coordinator verify the number of vaccines given, the billing address, and the contact person with our Nurse prior to his/her departure. Our Nurse will complete a verification form for their review and signature.

_____ Employee: Please have your coordinator assist with money and consent form collection. Cash will be the only form of payment accepted from employees.

8. **Immunizations session(s) are requested as follows:** We are scheduling clinics in Nov/Dec. If vaccine comes available earlier we will contact you to reschedule

Date	Time	Clinic Address (If different from info below) <i>(street #, street name, City, State, Zip)</i>	# Employees Eligible	# Flu Shots Estimated

Passport Health will verify the date and time of your on-site clinic(s) by September 15th, 2008, and will clarify directions, parking, etc. between one week and several days prior to your clinic(s).

Company Information:

Company Name: _____

Address: _____

Contact Name (please print): _____ Phone: _____

Email: _____ Fax: _____

Authorized Signature: _____ Date: _____

Print Name/Title: _____ Phone/email: _____

_____ Date: _____
 Passport Signature

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