

**International Travel Clinic**  
**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 the International Travel Clinic does not deal with any health insurance regarding travel visits nor do they accept assignment on any fees associated with the travel clinic. 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 International Travel Clinic HIPAA policy.

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

<b>Service / Immunization</b>	<b>Code</b>	<b>DX</b>	<b>Fee</b>
Office Visit**	N/A	N/A	\$70.00 (one time fee)
Office Visit**	N/A	N/A	\$45.00 (per person if two or more people)
Nurse Visit**	N/A	N/A	\$20.00 (per visit after first visit)
Immunization fee	90471		\$45.00 (1 <sup>st</sup> one & if only one injection is received)
Immunization 2+ fee	90472		\$25.00 each additional injection x ____# of injections
Chicken Pox	90716	Z23	\$115.00 *
Cholera	90625	Z23	\$215.00
Twinrix (Hep A & B combo)	90636	Z23	\$110.00 (per injection- 3 shot series)
Hepatitis A	90632	Z23	\$ 80.00* (per injection-2 shot series)
Hepatitis B	90746	Z23	\$ 50.00* (per injection-3 shot series)
HPV	90649	Z23	\$190.00 (per injection-3 shot series)
Influenza (Quadivalent)	90686	Z23	\$30.00*
Nasal Flu (age 2-49 yrs)	90660	Z23	\$25.00 + Administration 90473 \$10.00*
Ixiaro (Japanese Enceph)	90738	Z23	\$310.00 (per injection-2 shot series)
Menactra	90734	Z23	\$125.00*
MMR	90707	Z23	\$70.00*
IPV	90713	Z23	\$35.00*
Pneumococcal	90732	Z23	\$90.00
PPD	86580	Z23	\$18.00 - no injection fee
Rabies	90675	Z23	\$310.00 (Per-injection for pre-exposure 3 shot series)
Tetanus/diphtheria	90703	Z23	\$25.00*
TDAP	90715	Z23	\$65.00*
Typhoid (inj)	90691	Z23	\$80.00
Typhoid (oral)	90690	Z23	\$60.00
Yellow Fever	90717	Z23	\$155.00
Zostavax (Shingles)	90736	Z23	\$190.00

**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.**