

Crestwood Pediatric Associates, P.C.

10623 Crestwood Drive
Manassas, VA 20109
703-361-7131

14535 John Marshall Hwy, Suite 201
Gainesville VA 20155
703-753-6184

Patient Name: _____

Date: _____

Insurance: _____

Account#: _____

PRIVATE INSURANCE TRAVEL CONSULT WAIVER

Most commercial insurance companies will cover the office visit but do not cover travel vaccines. At the time of service, we will collect in full for any vaccines given as well as your copay / deductible / or coinsurance for the office visit per your insurance policy. We will submit the claim to your insurance and if they pay for the vaccines, we will apply a credit to your account or reimburse you accordingly.

(The doctor will check the appropriate services received.)

_____ Typhoid	\$105.00
_____ Hepatitis A Adult	\$69.00
_____ Yellow Fever	\$160.00
_____ Japanese Encephalitis	\$325.00 per dose*
_____ Administration for each Vaccine	\$21.24

* If the Japanese Encephalitis vaccine is needed, payment must be made in full prior to us ordering the vaccine. It has a very short shelf-life, so we do not keep the vaccine in stock. We will usually have it in the office 2-4 business days after we order it. It must be given in 2 doses 28 days apart and the patient cannot travel out of the country for 7 days following the second dose.

I understand that my Insurance plan may not pay for the above services and I agree to be financially liable. I agree to pay in full at the time of service for vaccines.

Signature

Date

Relationship to Patient

Witness