Cheyenne Laramie County Public Health

2024-2025 Seasonal Vaccine Form

Patient Full Name:	Date of Birth:	Age:	Sex: (circle) Male or Female
Address:	City:	State:	Zip Code: / Telephone:
Emergency Contact Name:	Emergency Contact Telephone:		Relationship to Patient:
Primary Insurance Company Name:	Policy Number:	Name of Insured:	Insured Telephone:
Insured Date of Birth	Relationship to Patient	Address of Insurance Company	
Secondary Insurance Company Name:	Secondary Policy Number:	Name of Insured:	Insured Telephone:
Insured Date of Birth	Relationship to Patient	Address of Insurance Company	

Below is the fee schedule for each of the offered vaccine(s). If you have any out-of-pocket expenses, you will receive a bill from the Cheyenne-Laramie County Public Health following the vaccine clinic.

Initial for Consent	Vaccine Type	In-Network Insurance	Uninsured Child (Donation Only)	Uninsured Adult	Out of Network Insurance
	Flu Vaccine (Ages 6m and up) or uninsured	$0	$21.72	$25	$25
	Flublok Vaccine (Ages 50-64), no egg product	$0	N/A	99.14	$99.14
	Flu Vaccine High Dose (Ages 65 and older)	$0	N/A	$99.14	$99.14
	RSV (Arexvy) (Ages 60 and older)	$0 (Medicare Part D Only)	N/A	$359.12	$359.12
	Covid-19 (2024-2025 Formula)	$0	$21.72	$204.80	$204.80

In Network Insurance Providers: Aetna, First Choice Health, Blue Cross Blue Shield, United Healthcare, UMR, Great West/Cigna, WY Medicaid, and Medicare, Mountain Health Co-op.

I, _____ consent myself or child (_____) to receive the above immunizations by Cheyenne Laramie County Public Health. I understand that immunizations will only be given if indicated by immunization history, age, and health screening questionnaire. My signature below is my authorization for the release of information necessary to process my claim(s) to insurance or other payer. In addition, I agree to pay all fees not covered by insurance.

Notice of Privacy Practices: Acknowledgement of Receipt

The Notice of Privacy explains how the Wyoming Department of Health may use or disclose information. Not all situations may be described. WDH is required to furnish its clients with a notice of privacy practices pertaining to information use, maintain and disclose.

I, _____ (Client Name) have received a copy of the WDH Notice of Privacy Practices and have had an opportunity to ask questions regarding how my information will used.

_____ (Signature)

_____ (Date)

_____ (Name of Personal Representative if Applicable)

_____ (Relationship to Client)

CHEYENNE LARAMIE COUNTY PUBLIC HEALTH OFFICIAL USE ONLY

Clinic Location:	**Date and Time of Administration:**		**RN Signature:**
Flu Vaccine	**Location of Injection (circle)** RDT LDT	**Stock Type (Circle)** VFC/WyVIP Private	Place Sticker Here
RSV	**Location of Injection (circle)** RDT LDT	**Stock Type (Circle)** VFC/WyVIP Private	Place Sticker Here
COVID 19	**Location of Injection (circle)** RDT LDT	**Stock Type (Circle)** VFC/WyVIP Private	Place Sticker Here

Entered into WyIR: _____

Billed in CureMD: _____

Scanned in CureMD: _____