ACKNOWLEDGEMENT AND PAYMENT INFORMATION

OPTION 1: Pay the day of the clinic: Maxim will be accepting cash, checks (written to Maxim Health Systems) and credit card payments the day of the clinic. Your son or daughter can come to the clinic with one of the listed payment options and pay when they receive their immunization.

OPTION 2: Parent Credit Card: Parents can pay with a credit card by completing the information below and signing this form. Your son or daughter must bring this completed-signed form with them to the immunization clinic in order for Maxim to bill your credit card.

OPTION 3: Bill Parent: Maxim can bill you for the immunizations given to your son or daughter. Check off the **BILL TO PARENT** box in the method of payment, complete and sign the acknowledgement and have your son or daughter bring this form to the immunization clinic. ***Again, for this billing option your son or daughter must have this completed and signed form with them the day of the clinic.***

If using Option 2 or 3 please check the appropriate method of payment, complete the information below and sign:

OPTION 2: ☐ **Credit Card (Please check one):** ☐ **Visa** ☐**MasterCard** ☐**Discover**

Credit Card #: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expiration Date: ____/____

OPTION 3 : ☐ **Bill to Parent**

Parent Name: _____
Please Print

Billing Address: _____

City, State, Zip: _____

Phone Number_____

I have read the accompanying information about meningitis and the vaccine for meningitis. I understand that payment is due immediately upon receipt of invoice.

Please initial next to the immunization you authorize to pay for using Option 2 or 3. By initialing below, you agree that you are aware of the terms and conditions as set forth and agree to be held financially responsible for charges.

Meningitis Vaccine: $130 Initial: _____

Influenza Vaccine : $30 Initial: _____

Parent Signature: _____

Reminder: If you are using payment options 2 or 3 you must send this completed and signed form and payment information with the student to the clinic.

***Your insurance company may or may not cover the cost of the meningitis vaccine. Submit a copy of the informed consent, receipt of payment to Maxim and provide the insurance company with the Procedure code: 90733, and the Diagnosis code: V03.89. You may submit this information as a claim for reimbursement. There is not guarantee that you will be reimbursed.**