

# FRANK SCAFURI, III, D.O., P.C.

Internal Medicine and Infectious Diseases

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*C*

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## VACCINE POLICY

Please be aware that it is our office policy to collect payment for vaccinations prior to the time the vaccine is administered. We will submit the charge to your insurance company and, in the event we are reimbursed for the **vaccine**, we will in turn reimburse you. Notably, your reimbursement will be in the form of check no matter how you made the payment for the vaccine. The following is a list of fees for the vaccines that we carry:

VACCINE NAME	COST
TDaP (tetanus)	\$75.00
B12	\$20.00
Hepatitis A Vaccine	\$100.00
Hepatitis B Vaccine	\$100.00
Garasil (HPV)	\$175.00
Influenza Vaccine	\$40.00
Meningococcal Vaccine	\$150.00
MMR	\$100.00
Polio Vaccine	\$75.00
Pneumonia Vaccine	\$175.00
PPD	\$30.00
Rabies Intramuscular	TBA
Twin Rx (Hep A & B Combination)	\$125.00
Typhoid Vaccine	\$80.00
Varicella Vaccine	\$125.00
Yellow Fever Vaccine	\$125.00
Zostavax (Shingles)	\$200.00

The above cost is per vaccine, so if you are to receive multiple doses of the vaccine, please times the cost by the amount of doses. Involved in the administration of the vaccine is an office visit. As a result, in addition to the vaccine payment, you will be responsible to pay your co-pay at the time of your first visit. If your insurance company pays us for your office visit and not the vaccine, your payment will not be returned. Instead, as stated previously, if we are reimbursed by your insurance company for the **vaccine**, we will in turn reimburse you. We do not accept checks for the payment of vaccines – all payments must be made either in cash or by credit card.

If payment is not taken when the vaccine is administered, and your insurance company denies payment, you agree to pay for the cost of each vaccine. Lastly, please be aware that payments and/or explanations of benefits from your insurance company may take more than one month for us to receive. Therefore, we ask for your patience with regard to your refund. By signing this form you acknowledge you have read the above, agree to the terms and

acknowledge that you have received the *Center for Disease Control's Vaccine Information Sheet* regarding the vaccine being administered.

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PATIENT'S SIGNATURE

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DATE