



Travel Clinic Fee Acknowledgement

Description	CPT	Dx Code	Cost
<input type="checkbox"/> Consultation	99402	Z71.84	\$75.00
<input type="checkbox"/> Consultation-Minor (under the age of 18)	99401	Z71.84	\$50.00
<input checked="" type="checkbox"/> Administration Fee (1 injection site per visit)	90471		\$50.00
<input type="checkbox"/> Additional injection sites (same visit)	90472		\$25.00 each

Vaccine	CPT	Cost
<input type="checkbox"/> Hep A Adult (Havrix)	90632	\$115.32 per dose (2-dose series)
<input type="checkbox"/> Hep B Adult (Engerix-B)	90746	\$93.15 per dose (3-dose series)
<input type="checkbox"/> Hep B Adult (Heplisav-B)	90739	\$163.22 per dose (2-dose series)
<input type="checkbox"/> TwinRix (Hep A & B)	90636	\$172.28 per dose (3-dose series)
<input type="checkbox"/> Japanese Encephalitis (Ixiaro)	90738	\$381.13 per dose (2-dose series)
<input type="checkbox"/> Meningitis (MenQuadfi/Menactra)	90734	\$172.38 per dose
<input type="checkbox"/> MMR II	90707	\$106.13 per dose
<input type="checkbox"/> Polio (IPOL)	90713	\$45.14 per dose
<input type="checkbox"/> Rabies (Rabivert or Imovax)	90675	\$464.61 per dose (2-dose series)
<input type="checkbox"/> Tdap (Adacel)	90715	\$53.26 per dose
<input type="checkbox"/> Typhoid Injection (Typhim-Vi)	90691	\$155.61 per dose
<input type="checkbox"/> Typhoid Oral (Vivotif - 4 caps)	90690	\$118.92 per pack
<input type="checkbox"/> Yellow Fever (YF-Vax)	90717	\$226.01 per dose
<input type="checkbox"/> Other	_____	_____

I confirm that I received the vaccine(s) checked above.

Patient or Legal Representative Signature

Date

Vaccinator Signature

Date

Total Payment Paid: _____

Payment Type: ☐ Credit Card ☐ Cash ☐ Check # _____