

Mission:

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

**ALACHUA COUNTY HEALTH DEPARTMENT
FINANCIAL RESPONSIBILITY FOR IMMUNIZATION FEES**

This certifies that notice is given to _____
(print name)

Individual/guardian understands they are responsible for all Alachua County Health Department (ACHD) Immunization Department charges.

ROUTINE VACCINES. If you have BCBS PPO, select BCBS HMOs, AVMED, Cigna, United Healthcare, or Medicare Part B we will attempt to file for reimbursement for most routine vaccines. If your insurance provider does not pay the Alachua County Health Department (regardless of the reason), you will be billed for the vaccine(s) provided. Changes brought about by new healthcare guidelines require us to collect your insurance information in order to bill the vaccine administration fee. You WILL NOT be responsible for paying the administration fee if the insurance company declines it.

We are unable to bill for a PPD or a titer. These are considered elective services and must be paid for by the patient at the time the service is provided.

FOREIGN TRAVEL VACCINES. Clients seeking vaccines for travel to foreign countries will be required to pay a consultation fee of \$50 per person and \$100 per family per trip and for any administered travel vaccines (Typhoid, Japanese Encephalitis, Polio, Cholera, and yellow fever when available). Additionally, if we are not a network provider for your health insurance, you will be responsible for paying any other administered vaccine cost and administration fee.

COVID testing for travel will be provided for a fee of \$130 per person (in addition to the consult fee). This is considered an elective service and must be paid for by the patient at the time the service is provided. COVID tests are sent to LabCorp for processing and results are normally returned within two (2) days.

Please note - The ACHD is not responsible for COVID results NOT returned from LabCorp within the two-day time frame. Clients must use the LabCorp portal to obtain results. The ACHD is not open designated state Holidays, or during some disasters and will be unable to provide services or results during those times.

PRESCRIPTIONS AND MALARIA PREVENTION MEDICATION. Regarding prescriptions that are filled outside of the Health Department, we regret we are unable to obtain prior authorization for your prescription. In addition, you will be required to pay full price for malaria prevention medication. The Health Department is unable to complete a pre-authorization for this medication.

PRE-EXPOSURE RABIES VACCINE. The Alachua County Health Department requires all pre-exposure Rabies Vaccines be paid for prior to the vaccine being administered. We will provide a receipt to the client to present to their insurance company. It is understood that the ACHD will not waive or refund the difference between the cost of the immunization(s) and/or the administration fee for pre-exposure rabies vaccines and the amount which health care insurance will cover. Please note the pre-exposure rabies series requires two shots.

I understand all fees for immunizations are strictly my responsibility.

Signed: _____ Date: _____

ACHD staff/witness: _____ Date: _____

****Form must be signed to receive immunizations. ****

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