



SEG Vaccine Clinic In-take Form

Thank you for your interest in a Vaccine Onsite Clinic through SEG Pharmacy (Winn-Dixie, Harvey’s Supermarket, Fresco y Mas). In order to ensure a smooth implementation, please answer a few questions about your organization (as best as possible) and submit completed form to clinicalservices@segrocers.com. Once completed form is received you will receive a confirmation email letting you know that an SEG pharmacy representative will be in contact with you shortly.

Organization Name:	
Organization Type:	<input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Employer <input type="checkbox"/> School/ College <input type="checkbox"/> Church <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Community Partner <input type="checkbox"/> Other
Address (Clinic):	
City:	
State:	
Zip Code:	
Contact Name:	
Clinic Contact Information should be the Primary Contact that will answer logistical and/or billing questions.	
Phone Number:	
Email:	
Does your organization have multiple locations? Will you need more than one clinic?	
Preferred Clinic Date(s):	
Preferred Clinic Time(s):	
Scheduling tip: Clinics are scheduled at a rate of 12 vaccinations per hour Minimum of 25 vaccines per clinic. Your requested clinic date should be at least 2 weeks from	

<p>today's date to allow for our pharmacy teams to prepare for your clinic.</p> <p>Please note that the dates and times requested are not finalized until confirmed by the pharmacy team.</p>	
Type of Vaccine(s) Requesting (select all that apply):	<input type="checkbox"/> COVID-19 <input type="checkbox"/> Influenza (Flu) <input type="checkbox"/> Pneumonia <input type="checkbox"/> Shingles
<p>If selected COVID. Is there a specific type your organization would like to request?</p> <p>(Note: not all COVID vaccine types will be available at your location. We will do our best to accommodate your request.)</p>	<input type="checkbox"/> Pfizer (Requires a first and second dose) <input type="checkbox"/> Moderna (Requires a first and second dose) <input type="checkbox"/> Johnson and Johnson (Single Dose Vaccine)
Estimated Number of Participants:	
Will there be any participants younger than 18?	
Will there be any participants older than 65?	
<p>Will you need a private scheduler for your clinic?</p> <p>Note: a private scheduler requires a minimum of 24 vaccine appointments.</p>	
<p>How will your organization be paying for these vaccinations?</p> <p>Note: SEG accepts all major insurance plans. Please fill out billing information below if direct bill is applicable.</p>	<input type="checkbox"/> Bill Insurance: Billed to participants' insurance. <input type="checkbox"/> Direct Bill: All vaccinations administered at onsite clinic will be billed to the organization through use of a voucher. <input type="checkbox"/> Direct Bill and Bill Insurance: Vaccinations administered at onsite clinic will either be billed to participants' insurance or direct billed if participant is uninsured.
Billing Address:	
Billing City:	
Billing State:	
Billing Zip:	
Billing Contact:	

Clinic facts and requirements

- Vaccines will be administered by immunized-trained pharmacy staff.

- Additional recommended vaccines are available by request.
- A minimum of 30 participants is recommended per clinic. Clinic length is determined by the rate of 12-15 immunizations per hour per immunizer*
- Billing can be completed through eligible insurance plan or direct invoicing to your organization.

Click link to learn more about the [Benefits of Employer Vaccine Clinics](#)