



Sun Health®

Welcome to Sun Health Clinic

Flu Shot Billing and Acknowledgement Form

Team Member's Name	
Contact Number	
Location	

Billing Information (*select one*):

- Sun Health - Aetna
- Insurance Carrier (Carrier Name, Group Number and Phone Number):

- I do not have a form of insurance to provide and need the assistance of Sun Health to cover the cost of the immunization.

I acknowledge that all team members who do not comply will be taken off the schedule per our Sun Health Team Member Flu Shot Program Policy, along with receiving corrective action, unless they submit a flu shot record or approved exemption form. Medical and religious exemption forms are available on the Sun Health Employee Portal under HR Center > Team Member Flu Shot Program, or from your campus's Human Resources department. Team members who have received an exemption will be required to wear a mask at all times while in any resident's home or onsite in any Sun Health location, except while eating in a break room or in an office if no one else is present.

I have acknowledged and will comply to Sun Health Team Member Flu Shot Program Policy.

(Print First & Last Name)

(Signature)

(Date)