



Immunization Services Proposal

[Pathways Wellness Program](#) has been a leader in wellness programming for over 20 years in Western Pennsylvania, immunizing over 10,000 patients each year.

Pathways offers both onsite and voucher options to help your employees to be immunized against several preventable diseases. Please review the following options to determine how we can help!

Onsite Immunization Clinics

Our team of Registered Nurses will arrive to administer vaccines and will bring all necessary paperwork, clinical supplies, and vaccines. The team will remove all medical waste upon completion of the clinic.

We will work with you to determine the type of immunizations to be offered at your clinic. Flu, Shingles, COVID-19, Pneumonia, as well as several others are available. [You may access a complete list on our website.](#)

For flyers and immunization schedules for your event, please visit [Online Clinic Kit.](#)

Scheduling & Registration

Scheduling of staff is designed per clinic and will be managed by Pathways to ensure the proper number of nurses, supplies and staff. Clinics made up of more than 30 participants may be staffed by an additional event coordinator who will assist in managing paperwork completion, answering non-medical questions, and assuring that clinic is kept on track. All day of event medical questions will be directed to the onsite nursing staff.

Each clinic will receive a link to share with your group where patients can enter all information needed, including insurance information and what vaccines they will register for.

Vaccines that require multiple doses to be administered will be managed by Pathways. These follow up clinics may be scheduled upon initial scheduling to ensure proper dosing.

The registration Link will close 9 days prior to the event to ensure insurance verification and immunization ordering.

Scheduling Changes & Clinic Cancellations

Scheduling changes happen – and we understand! Pathways is happy to change your date and time of your event 6 weeks before your event. During the months of September & October, if a schedule change occurs within 6 weeks from the time of your event, a schedule change fee of \$150 will apply.

Pathways purchases vaccines specifically for your event. Upon an event cancellation, a cancellation fee of \$250 may apply.



Cost of Immunizations

Pathways is available to come onsite to administer vaccines and will bill insurance for the cost of the nurse time, supplies and administration. Most immunizations are a covered benefit under Group Employer Health Plans. For those participants who do not have health benefit coverage, competitive rates and group discounts are available.

Pathways is dedicated to help employees become immunized! While we do not have a set minimum, we are happy to work with you to design a clinic timeframe that best meets your needs. We hope to have 10 immunizations per clinic. If your clinic is unable to reach that threshold, we may bill the site \$65/hour per nurse.

Voucher Program

Employees will be given a voucher to go to a Walgreens Pharmacy to receive their vaccine. The Client will be billed monthly for each vaccine given at the pharmacy. Please contact us to receive a price list for vouchers.

Emergency Protocols

Medical staff will be supplied with ampules of Epinephrine. In the event of an unlikely allergic reaction, Epinephrine will be administered and 911 will be called.

Authorizing Signature_____

Title_____ Date_____

Pathways Wellness Program, LLC Authorizing Signature_____

Title : Vice President, Wellness Services_____ Date_____

Please return a signed copy of this form to: Liz@pathwayswellnessprogram.com

[How you can help support your employees to get Vaccinated!](#)

1. Schedule an onsite clinic and allow employees to use paid time to get vaccinated
2. Invite their family and household members to be a part of the event
3. Share Immunization Education with them – [access CDC Print Materials here.](#)



Immunization Clinic Scheduling Form

Company Name: _____

Day of event contact person: _____

Preferred Date & Time (allow 4-6 weeks from today): _____

Wifi Network & Password: _____

Direction on where our staff can park/enter the building:

Directions on where the patients will enter the clinic:

Have you held an immunization clinic in the past? _____ Yes _____ No

If Yes, how many immunizations were done? _____ (estimate is fine!)

Anything else you'd like our day of event staff to know:

What we need from you:

- _____ Signage outside of and inside of the building where appropriate
- _____ Garbage can, tables and chairs per nurse station
- _____ Waiting area for patients to sit for 15 minutes after the vaccine

Please return a copy of this form to: Liz@pathwayswellnessprogram.com