



**BlueCross BlueShield
of North Carolina**

Physician Practice Clinic Request Form

*****Flu shots will be provided while supplies last***.**

Physician/ Group Name:	
Address:	
Office Contact:	
Contact Phone:	
Contact E-mail:	
Clinic Date Request:	
Date and Time – 1st choice: <i>(At least 2 weeks notice required)</i>	
Date and Time – 2nd choice:	
Date and Time – 3rd choice:	
Office Hours:	
Location of clinic - Bldg./Room: <i>(If more than one location, please fill out a separate request form for each location.)</i>	
# of patients with BCBSNC at location:	
# of patients who do not have BCBSNC at location:	
# of total patients at location:	
Has the office offered flu shots in the past? If yes, how many shots were given? <i>(shot minimum based on requested hours of clinic and nurses requested)</i> <i>(3 hour or less clinic with 1 nurse- 30 shot min. Over 3 hours- 8 shots per hour per nurse min.)</i>	
Will general public be invited to the clinics?	
Are there any security procedures for Maxim employees to follow during the day of the clinic?	
Directions to location and parking instructions:	
Special notes or considerations:	
Will office be doing sign ups for clinic or first come, first serve?	

****This completed form must be faxed to 919-419-1681 or e-mailed to chhays@maxhealth.com by September 30th, 2007 to schedule your flu clinic.***

Chris Hays with Maxim Health Systems will call you directly within 72 hours or receipt of this form to finalize details of your clinic. If you have questions or need additional information regarding this program, please call Chris Hays at 866-857-6315.

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Clinic Schedule Guidelines

This guide will help you schedule the appropriate amount of time for your flu shot clinic.

# of Patients	<u>Length of clinic</u>
100 – 149	3 hours
150 – 399	4 hours
400 – 749	5 hours
750 – 1,000	6 hours
Over 1,000	Please contact Maxim to discuss

****Please note on your Scheduling Form if you would like to request:**

- **clinics on multiple days**
- **split shift clinics**
- **multiple clinics on the same day**

***** Please provide these details in the Special Notes or Considerations slot*****

****Note: Please describe any additional scheduling needs or requests in the “Special Notes or Considerations” section of this form. A Maxim representative will contact you to discuss your needs.**