

# UPMC Health Plan Onsite Flu Clinic Request Form

\*Please note all fields are required

Client Name

Client Address

Client Contact Name

Client Contact Phone Number

Client Contact Email Address

Requested Clinic Date

Alternate Clinic Date

Requested Clinic Time

Expected Number of Participants

Billing Options

Bill Insurance Only

Bill Insurance first and invoice client for un-insured

Bill Insurance first and collect payment from un-insured

Please return form to:

Lori Fraicola ( [lori.fraicola@riteaid.com](mailto:lori.fraicola@riteaid.com) )

412-339-2938

# UPMC HEALTH PLAN