***Infectious Diseases Associates, P.C.***

729 Grove Avenue

Suite 4

Southampton, PA 18966

**Questions for Travel Medicine Patients**

**Where are you going?**

**When are you leaving? You should be seen 4-8 weeks prior to your departure.**

**Do you have ANY allergies, i.e. Eggs or Gelatin?**

**Your insurance will not cover the consult. Some insurance companies will not cover the vaccinations. Costs of Vaccinations are an additional charge and MUST be paid at the time of the visit. You will be expected to pay by cash or debit card, at the time of the visit, for all uncovered services.**

**Cost of Consultation Per Person $60**

**We will be happy to give you an estimate of Vaccine Costs prior to your visit, upon request.**

**Medicare Patients are required to sign an ABN form at the time of the visit. Medicare does not pay for the consult or the vaccinations.**

**Independence Blue Cross Patients are required to sign a Consent for Financial Responsibility at the time of the visit.**