



Instructions for Getting a COVID-19 Vaccine Appointment for Non-Established Patients Age 65+ ONLY

Please note: We are not able to provide a COVID-19 vaccination if you have had any other vaccines (flu, shingles, tetanus, pneumonia, etc.) within 14 days of your appointment date.

For the fastest service on the day of your vaccine appointment:

1. Complete the attached one-page registration form.
2. Bring the registration form back to the clinic along with copies of your insurance cards if you have insurance (Medicare, Medicaid, private insurance, etc.)
 - **If you are unable to return this form to the clinic in advance**, please call 208-587-3988 and our staff can take most of the information by phone. You will need to complete some additional information and provide your insurance cards on the day of your vaccine.
3. Keep this page as a reminder about what to do on the appointment day.

On your appointment day:

1. Please show up right on time for your appointment; do not come early.
2. Please wear a short-sleeved shirt.
3. Please avoid bringing any family members with you as we have limited waiting space available (exceptions will be made for people with full-time caretakers or who need translators)
4. You will receive the appointment for your second dose when you get your first vaccine.

COVID Vaccine Registration & Consent Form

PATIENT INFORMATION			
Legal Last Name:		Legal Sex/Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: MO/ DAY /YR / /
Legal First Name:	Middle Name:	Social Security # (for insurance billing):	
Address:		Zip Code:	City & State:
Home/Cell Phone:			
Primary Insurance Type: <input type="checkbox"/> Blue Cross <input type="checkbox"/> Regence Blue Shield <input type="checkbox"/> Tricare <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> No Insurance <input type="checkbox"/> Other:			
Race (Choose One): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other Race <input type="checkbox"/> Decline to Answer		Ethnicity (Choose One): <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic /Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Decline to Answer	
AUTHORIZATIONS			
Insurance Billing: The information provided is accurate to the best of my knowledge. I authorize Desert Sage Health Centers (DSHC) to bill my insurance company directly, and further authorize any third-party payer through which I have benefits to make payment(s) directly to DSHC. I also authorize DSHC or third parties to use and disclose any health care information for the purpose of obtaining payment for services and determining insurance benefits.			
Consent for Treatment <ul style="list-style-type: none"> ✓ I hereby authorize Desert Sage Health Centers to examine, test, and treat me for any health-related condition today. ✓ I understand that no guarantees have been made to me regarding treatment or examination. ✓ I understand that my health information may be shared across our dental, medical and behavioral health departments. ✓ In case of an emergency, I authorize DSHC to provide emergency medical treatment. ✓ I have read, or have had explained to me, the Emergency Use Authorization (EUA) for COVID-19 vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of COVID-19 vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request (parent or guardian). ✓ I understand that I must wait 15-30 for observation after receiving the vaccine before leaving. 			
<input checked="" type="checkbox"/> _____ Patient Signature		<input checked="" type="checkbox"/> _____ Date	