

Pleasant Health Services, Inc

4914 Auburn Ave, S 200, Bethesda, MD 20814

Tel: 301-460-6372, Fax: 301-460-6371

FLU CLINIC CONTRACT

Client Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Tel: _____ Fax: _____
Email: _____
Clinic Date: _____ Clinic Time: _____

Flu vaccine price breakdown:

# of people	Price per person
1-100	\$25.00
101-175	\$23.50
176-225	\$22.00
226-350	\$20.00
351 or more	\$18.00
Employee self-pay	\$25.00

Number of participants: _____

Rate: \$ _____ Per person

Total amount: \$ _____

If you want PHS to bill you, please sign below

Company Representative Signature: _____

Bill Company

Cash

Check (made payable to PHS)

PHS Representative Signature: _____