

INTERNATIONAL MEDICINE CENTER (IMC)

Traveler Information Form (TIF) (Last Modified 05/12/2016)

Spring Valley Medical Plaza
9230 Katy Freeway, Ste 400
Houston, TX 77055(713) 550-2000
(713) 973-0805 FAX
imc@traveldoc.comTR-1
DATE _____

MD2 PTV-1

To reduce the amount of time you spend in our office, fill out this form and return it to our office **BEFORE SCHEDULING YOUR APPOINTMENT**. FAX, mail, or deliver this form and, if available, your **International Certificate of Vaccination** World Health Organization yellow booklet to us at the FAX number/address above. **Please Print**.

Referred by: ☐ Employer ☐ Physician ☐ Angie's List ☐ Prime Living Magazine ☐ IMC Website ☐ Postcard ☐ Zoc Doc
☐ Houston Modern Luxury ☐ Houston Safari Club ☐ Safari Club International ☐ Other: _____

TRAVELER
INFORMATION

NAME: LAST _____ FIRST _____ AGE _____
HOME ADDRESS _____ DOB _____
CITY _____ STATE _____ ZIP _____ GENDER ☐ MALE ☐ FEMALE
HOME PHONE () _____-_____ WORK PHONE () _____-_____ EMAIL _____
CELL NUMBER () _____-_____ SS# _____-_____ FIRST TIME IMC CLIENT? ☐ Y ☐ N
EMPLOYER _____ COST CTR./JOB NO. _____
☐ FORMAL COMPANY EMPLOYEE ☐ SUBCONTRACTOR ☐ CONSULTANT LAST IMC VISIT (MO/YR): _____
☐ INVOICE COMPANY ☐ CORPORATE CREDIT CARD ☐ PERSONAL CREDIT CARD SUPERVISOR _____

TRAVEL
INFORMATION

OCCUPATION _____ REASON FOR TRAVELING: ☐ LEISURE ☐ BUSINESS
DESTINATION(S) (City/Country) _____

ACCOMMODATIONS CITY _____ RURAL _____ FREQUENT/RECURRENT INT'L TRAVELER? ____N____Y____ Rotation
DEPART. DATE _____ LENGTH OF STAY/ROTATION _____ Expatriate

IMMUNIZATION
HISTORY

Next to each immunization:

- write the month/year inoculated, or "+" if time unknown.
- write "Hx" if you had the disease,
- write "?" if unsure whether you were inoculated

____ BCG (TB Prevention)	____ Influenza	____ Pneumococcal: ____Pnevnar ____PneumoVax	____ Tetanus/Diphtheria (Td)
____ Chickenpox (Varicella)	____ Japanese Encephalitis	____ Polio/Injectable (IPV)	____ Tdap (tetanus, diphtheria, activated pertussis)
____ Cholera (Vaxchera)	____ Measles	____ Polio/Oral (OPV)	____ Tuberculin Skin Test (PPD)
____ COVID-19	____ Measles Mumps Rubella (MMR)	____ Rabies	____ Typhoid Injectable (Typhim Vi)
____ DPT/DTaP	____ Meningococcal:	____ Rubella (German Measles)	____ Typhoid Oral
____ Hepatitis A - series of 2 shots	____ Menactra/ Menveo	____ Shingles/Herpes zoster (50 yrs or older)	____ Yellow Fever
____ Hepatitis B - series of 3 shots	____ Menomune	____ Tetanus Toxoid	OTHER: _____
____ HPV (Human papillomavirus)	____ Mumps		

UNUSUAL/ADVERSE REACTIONS TO THE ABOVE

Have you had any immunizations in the last 30 days?

N Y

Do you have an International Certificate of Vaccination (yellow booklet)?

N Y

FORWARD IMC records to my personal physician

N Y

☐ COMMUNICATE my medical information to me by☐ mail☐ FAX☐ email*

PHYSICAL EXAM REQUIRED?: N Y _____(type)

MEDICAL
HISTORY

MEDICATIONS: Do you take any medications on a regular

basis, either prescription and/or

non-prescription medications? Yes ____ No ____

Prescription:*

Non-prescription:

ALLERGIES/REACTIONS:

None

Medications:

Eggs:

Latex:**

*There may be no or decreased vaccine response w/ prednisone, hydroxychloroquine, sulfasalazine, or anti- TNFs

**Should not use vaccine vials/syringe with natural rubber, dry natural rubber, or rubber latex:

Fainting/Dizziness Tendency With Needles: Y N

Other:

PHYSICIAN VISIT

Date _____

Ever taken Malarone? Y N

Discussed with patient,

Any reaction to it? Y N

____Sleep med ____Pain med (proper use)

Reaction type?

____Other: _____

Will you need a Travel Medicine Kit?** Y N

Basic ☐ Full ☐ Full Kit #2 (Expat/Recurrent Trav.) ☐ TEEN ☐

Will you need a Bloodborne Pathogen Protection Kit?** Y N

Will you need meds for ____Pain ____Sleep?

Form Completed By: _____

WEIGHT _____ Height _____ BP _____ T _____ HR _____ R _____

STAFF ONLY:

Medication/Kit Orders _____

< 18 yrs old: Has Guardian Consent For Treatment Y N

☐ Client informed insurance NOT ACCEPTED

APPOINTMENT TIME _____ DATE _____

HISTORY OF ACTIVE/CHRONIC:

Yes No

Asthma/Smoker _____

Blood clotting tendency/pulmonary embolism/vein thrombosis _____

Cancer: _____

Diabetes Mellitus Type _____

Guillain-Barre' Syndrome _____

Glaucoma _____

Heart/Lung Disease _____

1. Congenital/Familial QT Interval Syndrome _____

2. Heart rhythm problems _____

3. Severe Heart Disease _____

Hypertension _____

Immune Deficiency: _____

Liver Disease Type _____

Motion Sickness _____

Neurological Disorders/History _____

Shingles _____

Surgery (recent): _____

Psychiatric Disorders/Depression _____

Thymoma/Thymectomy/Myastheria gravis/Splenectomy _____

Other: _____

Marital Status: S ____ M ____ Sep ____

Women Only: PREGNANT(or attempting)** Y N

Breastfeeding?** Y N

**avoid pregnancy at least 4 weeks post - vacc.

Record in IMC TRACKING LEDGER
as Travel Consult: _____ Initials (done)
*PROVIDE email Policy/Informed Consent Packet

CONFIDENTIAL MEDICAL INFORMATION / RECORDS
RELEASE / WAIVER

PTV-2
TR-5
U12A



Spring Valley Medical Plaza
9230 Katy Freeway Suite 400
Houston, Texas 77055

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imc@traveldoc.com

Experts in Tropical + Travel Medicine

CLIENT
INFORMATION

NAME: LAST _____ FIRST _____ DOB _____

HOME ADDRESS _____

Complete
entirely - In
most cases
missing
information can
delay certificate

CITY _____ STATE _____ ZIP _____ EMAIL _____

PHONE NUMBER () _____ - _____ SOCIAL SECURITY NUMBER _____

SUPERVISOR _____ SUPERVISOR'S PHONE () _____ - _____ ext. _____

SUPERVISOR'S EMAIL _____ CLIENT POSITION WITH COMPANY: _____

BUSINESS ADDRESS _____ CITY, STATE, ZIP _____

Provide the name of the Company Official who referred you _____

EMERGENCY
NOTIFICATION
INFORMATION

Name _____ Home Phone () _____ - _____

Address _____ Work Phone () _____ - _____

Relationship _____

MEDICAL
RECORDS
RELEASE

If you wish to have your Medical Records forwarded to your personal physician, please complete the following.

Medical Records Release: I hereby authorize International Medicine Center and its personnel to release any information including diagnoses, treatments, and records of medical evaluations performed on me to:

- ☐ my personal physician(s)
☐ appropriate authorities at my place of employment if such information is requested.
☐ DO NOT FORWARD ANY OF MY RECORDS

Personal Physician's Last Name _____ First _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

SAFETY
WARNING

For your safety, we strongly advise that you to remain in our facility for 30 minutes after receiving your immunizations.

PAYMENT FOR SERVICES AND OTHER IMC POLICIES

Initials

1. In providing services for your benefit, the **International Medicine Center (IMC)** contracts with physicians and companies and other agents of travel to direct your care as needed, such as ordering lab tests, writing prescriptions, etc. While these parties contracted with IMC may be a contracted provider with your health insurance, you understand that the services in this case are being provided by IMC, and **you waive all rights to apply your insurance against any charges for services billed by IMC.** IMC is not contracted with any insurer to provide its services to their members, and therefore IMC will not apply your insurance toward your bill. IMC is not bound by the medical insurance contracts of any party who directly contracts with IMC for services. **You also agree not to dispute any charges assessed by IMC on the grounds that they are covered by your health insurance with IMC or with your insurer.**

Initials

2. **IMPORTANT: PAYMENT IS REQUIRED AT THE TIME OF SERVICE;** credit cards may be and cash is accepted for payment, unless verifiable billing arrangements have been made with your employer/company/agent of travel prior to your visit. If your company later refuses to pay for the services provided, the responsibility for payment will shift back to you. IMC service recipients are ultimately responsible for paying off their accounts. If you have any questions about IMC billing policy and your obligations, **PLEASE DISCUSS** with our staff **BEFORE RECEIVING SERVICES.**

Initials

3. **SUBCONTRACTORS/CONSULTANTS:** We must verify whether your parent company or the party contracting our services on your behalf is responsible for IMC services payment at the time of your visit. Please be prepared to provide specific name/contact information so IMC can receive signed authorization and guarantee of payment for your bill, **PRIOR TO YOUR RECEIVING SERVICES.**

4. Payment Policy (Due at the Time of Service)

Initials

I understand that the service charges for which I am responsible are to be paid at the time of service, unless IMC has agreed to payment by a third party on your behalf. Moreover, I am responsible for any charges particular to my credit card or other means of payment I am using and will be billed for those fees related to my means of payment. I understand that if I have any questions about my financial responsibilities I can ask to speak with a billing staff member.

5. Returned Check Fee

Initials

I understand that, if my check is returned unpaid for any reason (including Insufficient Funds or Stop Payment), I will be assessed a **\$50 per check** processing fee and a **\$15.00 charge for the return receipt notification** if the check has not been replaced in 30 days. I am aware that if I write a bad check the case may be referred to the Harris County District Attorney's office as a criminal matter.

6. No Refunds/No Returns

Initials

I understand that refunds or returns of medical supplies or medications shall not be accepted for credit unless an error was made on the part of IMC or ABx pharmacy. In the event you do not use all of the medication that was dispensed, you may return it solely for disposal, not for credit or refund.

7. Financial Interest Disclosure

Initials

This is to notify you that Edward R. Rensimer, MD has a financial interest in the following companies to which you may be referred for medical services: ABx Pharmaceutical Services Enterprises, Inc. or International Medicine Center Enterprises, Inc. If Dr. Rensimer recommends services that are provided by these companies you have the right to obtain such services elsewhere, by other providers of your choice.

8. Financial Liability for Changes in Treatment and "Out-of-Network Providers"

Initials

I understand that IMC or its staff are not liable for any costs incurred as a result of changes in treatments or case management. This includes costs related to unused medications, additional prescription copays, diagnostic testing, extra medical services required by the work-fitness exam, work-fitness exam failures or other out-of-pocket expenses or charges related to any aspect of the care or services provided or recommended by IMC and its staff. We assume no financial responsibility for any service provider recommended or used by IMC being "out of network" with your medical insurers. It is your obligation to find this out and to inform IMC and its staff if you wish to get medical services from another provider for any reason.

9. Letters/Forms/Medical Supply/Copying Charges

Initials

Filling out forms, writing letters, and refilling prescriptions entails time-cost to our organization (and so, financial cost). The following charges will apply*,

- a. Customized fitness-to-work or **medical clearance letters: \$75 - \$150**
 - b. **Family Medical Leave Act Papers: \$75**
 - c. **Customized Physical Exam Forms: \$50 - \$100**
 - d. **Other forms**, depending on complexity and work burden on our staff: **\$50-\$100**
 - e. Customized **Back-to-Work Documents: \$25-\$150**
 - f. **Prescription Refills: \$35/** refill event (for med **refills NOT ASSOCIATED with office visit**); if you wish an explanation of this, **please check this box** ☐ **STAFF:** If this box is checked, provide a copy of **Medication Refills Charge Procedure/Policy**
 - g. **Medical Disability forms: \$50-\$100**
 - h. **Case Summary Documents:** Charge based on time (physician = **\$400/hr**; support staff **\$50-\$75/hr**).
 - i. Records **Copying Charge: \$25** for first 20 pages, **50c** each additional page.
 - j. **Other Customized Documents:** Charged at the rate stated under "i".
- * **The listed charges only apply to forms judged to be reasonable and customary** in their complexity, length, and work burden. If required forms exceed these expectations, **the physician reserves the right to augment the charges listed for such work.** The **individual requesting the form completion** will be provided the charges for the work prior to form's completion and **will be expected to pay for it up front.**
- k. There is no extra charge for completion of routine forms/ documents associated with IMC work-fitness exams.

10. Failure to Cancel an Appointment (a "no-show")

Initials

I understand that a failure to cancel an appointment (or a "no-show") may result in a charge to the patient, client or their agent of **\$85.00** unless,

- a. There is a proven reason of extraordinary, unpredictable emergency (acute physical incapacity, car accident, etc.) that made contacting us impractical and understandable, and that reason is acceptable to the physician and not part of a pattern of behavior.
- b. The missed appointment loss can be otherwise neutralized by replacement work by IMC.
A mutually respectful relationship requires that you timely inform us of your inability to attend your scheduled appointment.

11. Email Communications with Our Organization

Initials

IMC, on an as needed and time and content limited basis, is willing to communicate with you by email under our well-defined policy and rules for such exchange of medical information. If you wish to enable such communication, **please check this box** ☐ **STAFF:** If this box is checked, provide Email Medical Communication Informed Consent Form.

Note: WE STRONGLY DISCOURAGE EMAIL EXCHANGE OF INFORMATION REGARDING HIGHLY SENSITIVE PERSONAL HEALTH INFORMATION: psychiatric issues, alcohol/substance abuse matters, sexual or sexually-transmitted diseases issues.

12. Scheduled Appointment Times

Initials

We try our best to adhere to our scheduled appointments in a timely manner. At times, usually in response to the unforeseeable medical needs of others, we get off schedule. We will try to keep you informed so that you can decide to re-arrange your schedule or to even change your appointment, to minimize waste of your time. Likewise, we expect you to arrive on time. For a new patient (first time) appointment or return appointment at least a year after your last time here, **you must arrive sufficiently in advance of your scheduled time** to update your medical information; at least 30 minutes is suggested. If you do not, such that it substantially impacts the scheduled appointment times of others, we may be forced to re-schedule you to another time. **If you are running late, we expect you to call** so that we can decide whether we can still see you that day. We cannot have time-drift due to significantly late patients (over 15 minutes), imposing this on others waiting in line who are on-time (as you would wish for yourself). The chain-reaction resulting brings about emotional distress in all the other patients and our staff, as well as overall poor service and performance. **A pattern of no-show/appointment cancellations or lateness may result in the termination of the patient from the practice** in that such behavior constitutes a disrespectful comment on the physician-patient relationship and our staff.

13. Charges for After-Hours, NON-EMERGENCY Phone Calls are charged \$50-\$200, at the discretion of our physician. (you may request to review our "After-Hours Phone Call Charges to Patients/Patient Agents" policy)

Initials

My initials in the left-hand margins above and signature below indicate I have read all of the above, have had an opportunity to ask questions, understand the terms of service, and agree to abide by them.

We realize that financial matters and medical services and charges can be confusing, complex, and time consumptive. Let our staff help you with any uncertainty or clarifications:

Patient (Signature) Date

IMC Staff (Signature) Date

Patient (Printed Name)

IMC Staff (Printed Name) Date

Patient's Agent (Signature) Date

Patient's Agent (Printed Name)

ATTENTION STAFF:

1. Be sure to validate the identity of the person completing this form by checking some type of photo ID. Check the box and initial that you have done so.

☐ **Photo ID Checked**

Initial

2. If the individual completing this form (see item 11, page 3 above) wishes to use email with our organization, provide our **Email Policy and Informed Consent**. Check the box,

☐ **Email Policy/Informed Consent Packet provided to the patient/patient's agent.**

Initial

PLEASE HAND THIS COMPLETED FORM TO THE RECEPTIONIST WITH YOUR PHOTO IDENTIFICATION.

TRAVEL IMMUNIZATION DECISION-MAKING

What do I need?

Other than Yellow Fever vaccine in certain parts of the world, there are no required vaccines for travel. The decision to be vaccinated then becomes one of risk/ benefit/ cost. In other words, weighing these 3 factors should bring you to a position on value. Of course, all of this is in the context of any individual's tolerance for risk (of not being vaccinated).

The main things to be considered are the trip itinerary and destinations and,

1. Quality/ safety of food and water (cholera, hepatitis A, typhoid)
2. Local healthcare system access, reliability and expertise (exposure to hepatitis B)
3. Exposure to mosquitoes (dengue fever, Japanese encephalitis, malaria, Zika, yellow fever)
4. Personal medical problems which increase risk for serious or fatal illness with infection
5. Cumulative weeks/ months of exposure to infectious agents
6. Travel accommodations and environmental exposure- company facilities, high-end hotels, and cruise ships (the "tourist envelope") vs. "adventure" travel or close contact with the local culture (international workers, missionaries, etc).

Only the individual can consider all of this to arrive at a sensible immunization strategy. Certain vaccines make sense for nearly any trip to "developing" (Third World) countries: influenza, tetanus booster, typhoid. But, with recurrent or long term travel to many countries, the following vaccines may achieve value (relative to their cost) and reasonableness for long-term protection,

Cholera
Hepatitis A
Hepatitis B
Japanese encephalitis
Rabies

Recommendations will be made for obviously indicated vaccines; but there may be some that travelers will need to decide on after discussion and thinking over all the above.

NOTE: The Insurance Issues: Except for vaccines that are considered "universal" for the U.S. healthcare system, insurers will almost certainly not cover the cost of vaccines and medications that are "elective" use; that is, preventive measures for medical risks related to personal activities, like travel.

You can forward invoices for such services to your insurer to hope for re-imburement, but we cannot be involved in any medical insurance issues, including pre-authorization process related to such issues.

E. R. Rensimer, MD
Director, IMC

EXPLANATION OF TRAVEL VISITS AND PRICES

Before a traveler can be safely immunized, information about his health and travel plans must be obtained and reviewed. The visit fee covers physician and nursing time associated with the visit. ***The cost of immunizations, lab tests, or special documentation is additional.***

NEW TRAVEL VISIT - There are 3 levels of Travel Medicine Visit:

1. New Traveler \$85: Doctor reviews traveler's destination and medical information and makes recommendations. Nurse meets with the traveler, explains those recommendations, answers questions, and then provides accepted services.
2. New Traveler, Extended \$100: Same as basic visit, but there are numerous (3 or more) destinations, questions or issues requiring extended nurse time and/or brief (< 15 minutes) physician time and input. The visit itself is still transacted by the nurse.
3. Consult w/MD \$125-250: Travelers with extraordinary personal medical issues and questions require the physician time required of the intermediary visit, plus 15 – 30 minutes meeting time for traveler-physician discussion.

ADMINISTRATION FEE

- Fee for one immunization - \$15.00
- Two or more immunizations- \$25.00

RETURN TRAVEL VISIT - \$75.00

- Has visited an IMC office in the past.
- Has a new travel destination.

CHART REVIEWS - \$55

Chart reviews are conducted for travelers when the following requests are made:

- Review of vaccines needed for travel destinations (new and existing clients). The chart review includes destination specific data, professional recommendations based on traveler specific health and immunization status. The \$55 fee paid will be credited to the travel visit, if scheduled.

MEDICATION REFILL REQUEST

- Medication refills for existing clients seen within the past year- \$75

IMMUNIZATIONS:

BOOSTRIX (Tetanus/Diphtheria/Pertussis)	\$ 88.00	MMR Vaccine (Mumps-Measles-Rubella)	\$ 105.00
Hepatitis A	\$ 130.00*	Pneumovax 23	\$ 160.00
Hepatitis B	\$ 125/175**	Polio Vaccine (IPV)	\$ 88.00
Hepatitis B (pediatric)	\$ 60.00*	Prevnam 13	\$ 250.00
Hepatitis A/B (Twinrix)	\$ 170.00*	Rabies Vaccine IM	\$ 470.00*
Influenza (Flu) – High Dose	\$ 38.00	TB Skin Test	\$ 35.00
IXIARO (Japanese Encephalitis) ≥18 yrs	\$ 385.00*	Typhim VI (Injectable Typhoid)	\$ 137.00
		Typhoid Oral (4 pills) **Not available until 2023	\$ _____
Meningococcal		Varicella (Chicken Pox)	\$ 175.00 *
• Menveo 2 years - 55 yrs	\$ 210.00	Vaxchora (Cholera)	
		Yellow Fever	\$ 245.00
		Shingrix (Shingles)	\$ 214.00

OTHER:

DEET 6oz	\$ 11.00	Support Socks Knee High 15-20mm	\$ 30.00
2oz	\$ 7.00	Malarone (generic) 1-99	\$ 8.00/tab
Permethrin 12oz	\$ 16.50	100-499	\$ 7.85/tab
Coartem®	\$ 8.00/tab	500+	\$ 7.65/tab

***Prices are per shot, not for the entire series. Prices are subject to change. *May be dependent on brand of vaccine**

FULL-SERVICE TRAVEL MEDICINE CLINIC**V.****“Shots Clinic”**

Yes, you can “shop” immunizations, saving, if anything \$20-\$100. Bundled into the total cost of your business or leisure trip, along with your time to do the shopping, is that the value of your time? Ever hear the expression, “You get what you pay for”?

There are a number of places where you can get “shots”. As healthcare insurers and Medicare have progressively, for decades, discounted payment to medical professionals, many nurses and physicians have sought to re-invent themselves to go to business models of uninsured medical services-go for the money. A weekend course and you are a “travel medicine specialist”. These are the “shot clinics”. They are usually staffed by people with little to no deep knowledge about disease preventive options or experience or expertise in diagnosing or managing communicable diseases.

International Medicine Center has provided travel medicine recommendations, medications, and vaccinations for over 35 years. The expertise to do this originates in the Infectious Diseases and Internal Medicine board certifications of our director, as well as his proficiency certificates in tropical medicine and travel medicine. He daily diagnoses and manages the most complex cases in our medical community. This experience translates into the highest level of insight into optimal precautions for your travel, as well as comprehensive, written travel advice, whether you are vigorously healthy or a person with serious, pre-existing medical conditions. Further, if you become ill or injured in the course of or following your trip, IMC stands ready to engage in your case at the highest level of expertise. Look at the shots clinics and compare to IMC and the choice will be obvious.

Edward R. Rensimer, MD

Director, IMC