



Welcome to
UNIVERSITY OF UTAH
INTERNATIONAL TRAVEL CLINIC

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50 N Medical Dr. Salt Lake City, UT 84132

University of Utah Health's Travel Clinic is the most comprehensive travel medicine and immunization clinic in the state of Utah. Our clinic has a team of certified nurses and infectious disease specialists with extensive experience in travel health. Our physician run clinic specializes in providing preventive medical care for international travelers (including large groups) such as vaccinations, prescriptions, and education to stay safe and healthy while traveling abroad. We provide protection from diseases including typhoid, malaria, hepatitis A and B, yellow fever, rabies, polio, diphtheria, typhoid, meningitis and the most common illness, travelers' diarrhea. We do all of our vaccines and prescriptions during our specialized consults. During your consult, our certified nurses are dedicated to providing the traveler with comprehensive care before and after a trip. In addition to vaccine information, travelers will be educated on a full range of other services

- Region specific information of traveler's itinerary and current health risks, personal protection measures, food and water safety tips, high altitude sickness, motion sickness, recreational activities, traveling while pregnant, and jet lag
- A detailed, computerized traveler's report tailored to your itinerary including current information on risk of disease, political concerns and safety concerns for each country
- Validated International Certificates of Vaccination
- Post-travel care

Our goal is to help you have a safe and enjoyable experience this summer. To assist you with this, Realms of Inquiry has arranged for you to come in groups to the International Travel Clinic and receive pre-travel education along with vaccinations and/or prescriptions you may need. We know that your time is valuable, so in order for us to see you in these groups and keep to the time schedule, the following list **must be completed**.

- 1) **Every** participant who attends the Travel Clinic **must complete** online registration, even if you are only coming for the education session. Please go to <https://healthcare.utah.edu/travelclinic/> and click on the YouthLinc Registration tab to complete the online Pre Travel Forms. Because these forms take time to register in our system, they must be completed as soon as possible.
- 2) Minors attending **must** have the Consent to Treat Form (on page 6) signed by a parent or guardian with them at check-in on day of the appointment. If you do not bring it with you, you will not be treated for preventative care.
- 3) If you have medical insurance, **you** need to contact them and find out which vaccines are covered and if University Healthcare is in network (vaccine prices and CPT codes are listed on page 4). Yellow Fever (Ecuador) can only be given at a licensed clinic; it cannot be given at your regular doctors' office.
- 4) Ecuador group: Please see page 5
- 5) If you absolutely cannot come with your group, but want to come at another time, please talk to us first so we can see if we can accommodate you. All participants seen at an individual appointment will be charged \$65 for the consult fee at the time of check-in.
- 6) You can come to the education session and not get any vaccinations or you can make a return appointment to get vaccinations later if that fits your schedule better.

We want you to have an excellent experience both here and on your trip!!!

Immunization Recommendations

If you have medical insurance, **you** need to contact them and find out which vaccines are covered and if University Healthcare is in your network (please see page 4 for codes and prices). Below is a list of travel immunizations you **may** be receiving at your visit.

Everybody should be up to date on their routine vaccines:

- **Tdap/Td**- tetanus, diphtheria, and pertussis (whooping cough) is good for ten years. Tdap vaccine is preferred.
- **MMR**- measles, mumps, and rubella is a two shot series and is good for life.
- **Chicken Pox**- either had the disease or a two shot varicella series which is good for life.
- **Influenza**- recommended to receive a yearly flu shot as the influenza virus rapidly changes.
- **Polio**- childhood polio shots (4 or 5)

Additional travel vaccines you may be receiving at your visit:

- **Typhoid**- The injectable is good for two years and the oral is good for five years
- **Hepatitis A**- Two shot series. The second dose is recommended six months after the first dose. After receiving the second dose, it is good for life. Note: you do not have to receive the second dose before traveling.
- **Hepatitis B**- Three shot series. The second dose is given a month after the first dose and the third dose is recommended five months after the second dose. After receiving the third dose, it is good for life. Note: you do not have to receive the third dose before traveling.
- **Hepatitis A/B**- Hepatitis A/B is a three shot series. The second dose is given a month after the first dose and the third dose is recommended five months after the second dose. After receiving the third dose, it is good for life. Note: you do not have to receive the third dose before traveling.
- **Rabies**- The pre-series rabies immunization is a three shot series. **Dose 1**: as appropriate, **Dose 2**: 7 days after dose 1, **Dose 3**: 21 days or 28 days after dose 3
- **Yellow Fever**- The shot is good for life. Please see page 5 for more information. ***Ecuador group only***
- **Malaria Prevention**- We will discuss the risk of malaria based on your itinerary at the time of the education and will prescribe a medication to your preferred pharmacy if necessary.



Vaccines Prices and CPT Codes

Below is the list of our vaccine prices and codes. When calling your insurance company, give the company our TAX ID #471497384 and CPT code for each vaccine for verification of coverage. The prices listed below are our out of pocket prices. We do bill insurance at a higher price and if you choose to bill your insurance company and they respond stating that they do not cover for the vaccine(s), you can call our billing department at 801-587-6303 and request a discount. You may still have the vaccines billed to your insurance and still pay the out of pocket price for the ones that are not covered. If that is the case, we need to know in advance what vaccine(s) you'll be paying the out of pocket price for.

We recommend contacting your insurance to verify that our physicians are in network. If only one or two of our physicians are in network, please let our scheduler know so we can assign you the appropriate physician.

1. Dr. Lowell Scott Benson NPI # 1497925788
2. Dr. Daniel Leung NPI # 1104936731
3. Dr. Jakrapun Pupaibool NPI# 1366690844

UUHC VACCINE	CPT CODE	PRICE
HEPATITIS A VACCINE (ADULT, 2 DOSE)	90632	\$70.00 ea
HEPATITIS A VACCINE (PEDIATRIC, 2 DOSE)	90633	\$35.00 ea
HEP A/HEP B VACCINE (TWINRIX, 3 DOSE)	90636	\$105.00 ea
HEPATITIS B VACCINE (ADULT, 3 DOSE)	90746	\$59.00 ea
HEPATITS B VACCINE (PEDIATRIC, 3 DOSE)	90744	\$35.00 ea
TYPHOID VACCINE ORAL (4 CAPSULS)	90690	\$84.00
TYPHOID VACCINE (INJECTION)	90691	\$125.00
YELLOW FEVER VACCINE	90717	\$183.00
JAPANESE ENCEPHALITIS VACCINE (2 DOSE)	90738	\$375.00 ea
MMR VACCINE (MEASLES-MUMPS-RUBELLA)	90707	\$86.00
POLIOVIRUS VACCINE	90713	\$48.00
PNEUMOCOCCAL POLYSACCHARIDE VACCINE (PNEUMONIA)	90732	\$110.00
MENINGOCOCCAL VACCINE (MENINGITIS)	90734	\$140.00
INFLUENZA	90662	\$33.00
Td (TETANUS-DIPHTHERIA)	90714	\$37.00
Tdap (TETANUS-DIPHTHERIA-PERTUSSIS)	90715	\$50.00
RABIES (3 DOSE)	90675	\$360.00 ea
UNIVERSITY OF UTAH TAX ID NUMBER: 471497384		



Consent to treat form

- Yes**, I (name of parent/guardian) _____ give permission that my child _____ may sign the Patient Conditions of Admission and Treatment form for himself/herself.
- No**, I (name of parent/guardian) _____ do **not** give permission that my child _____ may sign the Patient Conditions of Admission and Treatment form for himself/herself.
- Yes**, I (name of parent/guardian) _____ give permission for the University of Utah Health Care to provide my child _____ with necessary travel vaccines and medication for Malaria and travelers' diarrhea.
- No**, I (name of parent/guardian) _____ do **not** give permission for the University of Utah Health Care to provide my child _____ with the necessary travel vaccines and medication for Malaria and travelers' diarrhea.

Parent's Signature _____

Date _____