

Tamalpais Pediatrics Travel Consultation Policy

Traveling to a foreign country is an exciting and enriching endeavor. You'll experience a different culture and have the opportunity to try different foods and meet new people. However, you may also be exposed to infections and diseases that are not common in the United States. At Tamalpais Pediatrics we offer travel consultations to help ensure your children are well protected and healthy during your trip.

Setting Up a Travel Appointment

Please fill out our travel consultation form and submit it to our office. The form can be found on our website at www.tamalpaispediatrics.com on the "Services" page. Once your information has been received, we will contact you to set up a consultation appointment. Please allow at least five business days for us to review your travel form prior to your appointment. Your appointment should be scheduled at least 4 – 6 weeks before you travel so that there is adequate time for vaccines to be given and for the vaccinations to take effect.

What to Expect During Your Appointment

Travel consultations take approximately 20 minutes. During that time, your provider will discuss the conditions you may be exposed to during your trip, what you can do to protect yourself and your family, and what treatments are recommended by the Centers for Disease Control and Prevention (CDC) and other organizations. Vaccinations and prescriptions for malarial drugs and oral typhoid will be given if necessary. For vaccines not available at our office, we will refer you to a specialty travel clinic that administers the recommended vaccines.

Fees and Insurance

We will bill your insurance company for the consultation and for any vaccinations given, but please note that many insurance companies will not pay for travel consultations and non-routine vaccinations, such as those that are given solely for the purpose of travel (like Rabies and Typhoid). Please call your insurance before your visit if you have any questions about coverage.

You are responsible for paying any charges not covered by your insurance. In the event your insurance does not provide travel coverage, you will be responsible for payment of the following non-covered service at a discounted rate:

- Office consultation
- Administration fee for each non-routine vaccine given for travel
- Injectable typhoid vaccine
- Rabies vaccine (a series of 3 will be needed, spread over 28 days before travel)

Please call our business office in Novato at (415) 892-0965 opt.3 or Greenbrae (415) 461-0440/ opt. 3 for pricing.

Vaccines:

For your convenience, below are examples of vaccines typically considered routine care that may be needed for travel. Multiple doses of some vaccines may be needed. Please note that the examples below are for illustration purposes only and may differ from your contracted insurance policy. Please contact your insurance company to find out exactly what is covered by your policy.

Examples of Routine Vaccines :

Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP, Tdap, Td)
Haemophilus Influenza Type B Conjugate (Hib)
Hepatitis A (HepA)
Hepatitis B (HepB)
Influenza Vaccine
Measles, Mumps and Rubella (MMR)
Meningococcal Conjugate (MCV)
Pneumococcal (Pneumonia)
Poliovirus (IPV)
Rotavirus
Varicella (Chickenpox)
*Herpes Zoster (Shingles)**

Examples of Non-Routine Vaccines (may not be covered by insurance):

Rabies
Typhoid
*Japanese Encephalitis**
*Yellow Fever**

**These vaccines are not available at Tamalpais Pediatrics. Please contact one of the following specialty travel clinics if any of these vaccines are needed for your travels:*

Passport Health (510) 564-4251
28 Mitchell Blvd., San Rafael

Marin County Health Department Travel Immunization Clinic (415) 473-4400
3260 Kerner Blvd., San Rafael

PRIMA Medical Group Travel Clinic – Dr. Joseph Habis (415) 492-3333
4000 Civic Center Dr., Ste. 200, San Rafael

Prescriptions for Travel Medications

If indicated, a prescription for travel medications such as anti-malarial or oral Typhoid vaccine will be given at the time of your consultation. Please check with your insurance company to determine coverage for these medications and what your total out of pocket expenses will be.

Financial Agreement For Travel Consultation

I have read the Tamalpais Pediatrics Travel Consultation Policy in its entirety. I understand that although the charges related to travel will be billed to my insurance, it may cover some or none of the fees. I agree that I am fully responsible for any and all charges not covered by my insurance company and will pay the outstanding balance on my account in full.

Patient(s) Being Seen For A Travel Consultation (Please Print)

Date:

Signature of Patient (if 18 or older)

Printed Name

Date:

Signature of Guardian or Parent for Minor Child

Printed Name



Julie M. Bokser, MD
 Nelson Branco, MD
 John M. Harvey, MD
 Erin N. Heath, MD

John S. Lee, MD
 Jan E. Maisel, MD, PhD
 Stephen A. Santucci, MD
 Jeanette White, MD, PhD

Brenda Evans, PNP
 Margo Hanlan, PNP
 Sara Koenig, PNP

www.tamalpaispediatrics.com

Pre-Travel Consultation Form

PATIENT INFORMATION

_____ Date _____

_____ Name (Last, first, middle initial) _____ Date of Birth _____

_____ Street address _____ City _____ State _____ ZIP Code _____

_____ Primary phone number _____ Other phone number _____ E-mail address _____

SPECIFIC TRAVEL INFORMATION

Dates of travel: _____

Destinations (in order) (City/Town, Country)	Duration of Stay	Rural or Urban?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Purpose of Travel

- Family Trip
 Business
 Visiting Family or Friends
 School Trip
 Aid Work/Mission
 Other _____

Style of Travel

- Resort/Hotel
 Camping
 Staying with Family
 Other _____

Types of Accommodation

- Hotels
- Hostels
- Home of Family/Friends
- Camping (tents)
- Vacation home
- Other _____

Activities

Please list activities you have planned (or think you may do) during your trip. (For example: scuba diving, high altitude hiking, etc.) Will you have contact with animals (safari, zoo, trekking, animal research?)

PERSONAL INFORMATION

Was the traveler born in the U.S.?

- Yes
- No, then where were they born? _____

Health Conditions

Please list any health conditions or issues.

Medications

Please list all current medications.

Allergies

Please list all allergies. (Especially allergies to eggs)

Previous Vaccination History

Please list vaccinations or immunizations, and dates received **if not done at Tamalpais Pediatrics** (such as Yellow fever or Typhoid). Your yellow immunization card should have this information. Please also indicate if there has been any reaction to a vaccine.

Final Note

Please fill this out and mail it or fax it to us before scheduling your appointment. When you come in for your appointment your physician will have reviewed this and will be prepared to give you the up-to-date, personalized information you will need to have a safe and healthy trip.

At the time of your appointment, please remember to bring a copy of your **itinerary** and your **yellow immunization card** (if your child has received their vaccines from Tamalpais Pediatrics, we will have a record of those vaccines in our chart and provide you with a copy)