



MHI Health

Mile Hi Immunizations & Healthcare Services

Ph: 303-374-3374 • Fax: 303-374-8656

www.milehiimmunizations.com

CLIENT BILLING FORM

CLINIC ID #: _____ Client Name _____ Date: _____

VACCINE	UNIT COST	NUMBER OF VACCINES GIVEN	TOTAL
<u>Influenza</u>	\$ _____		
Pneumonia	\$ 50.00		
TDaP - Tetanus/ Diphtheria & Pertussis	\$ 50.00		
FluMist nasal Flu vaccine	\$ 30.00		
Minimum Bill amount if less than 15 injections. 15 shots or \$375 minimum			
TOTAL DUE			

Please submit total amount due with the Clinic ID # on your remittance:

**Mile Hi Immunizations
283 Columbine Street #150
Denver, CO 80206**

TAX ID #: 208152182

THANK YOU FOR YOUR BUSINESS!