

2mth, 4mth, 6mth, 12mth, 15mth

NURSE'S INITIALS: _____



If you have private insurance and your child receives vaccines here at our office, it is your responsibility to contact your insurance company to obtain this information

If your insurance plan does NOT cover vaccines, or only covers a certain amount, we offer vaccines that are provided to us by the state (Vaccines For Children). You are not charged for the vaccine, but you are charged an administration fee of \$21.93 per vaccine given. This amount is due in full at the time of service.

ELIGIBILITY CRITERIA FOR VFC VACCINES

1. Medicaid eligible: A child who is eligible for a Medicaid program.
2. Uninsured: A child who has no health insurance coverage.
3. American Indian or Alaskan Native: As defined by the Indian Health Care Improvement Act.
4. Underinsured: A child who has commercial (private) health insurance but the coverage does not include vaccines, whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or a child whose insurance caps vaccines coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.

Children whose health insurance covers the cost of vaccinations are not eligible for VFC Vaccines, even when a claim for the cost of the vaccine and it's administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

If your child receives vaccines and their Medicaid was inactive and/or was not presented at the time of service, but later becomes retroactive, you will be responsible for payment for those vaccines in full.

Please choose which vaccines you will receive today:

PRIVATE or VFC

(Please circle one)

Child's Name: _____ Child's DOB: _____

Guardian's Name (Please PRINT): _____ Relationship: _____

Guardian's Signature: _____ Date: _____

Your child will receive the circled vaccines today. Please review the Vaccine Information Sheets located in the exam room.

If you have any questions, please ask the doctor or nurse.

Hepatitis B	Rotavirus	DTaP	Tdap
Hib	PCV13	IPV	FluMist
Flu Injection	MMR	Varicella	Hepatitis A
	HPV	MCV4	