

Vaccine Eligibility and Screening Record

Print the child's name

Date of Birth

Today's Date

Thank you for selecting **Neighbors Pediatrics** as your child's primary care provider. One of our primary goals is to build a relationship of mutual responsibility and trust with you by providing complete and quality medical care. One of the ways we do this is by screening your vaccine eligibility. **We ask that you inform us upon arrival for your appointment of any changes to your health insurance plan; in particular if your child is receiving vaccinations.**

This form is to determine if your child is eligible to receive publicly funded vaccines through the VFC program / SC State programs or your private insurance carrier covers vaccinations. These vaccines are offered at age appropriate times for your child, and they protect your child against serious childhood diseases.

Option A: VFC Vaccines

South Carolina's VFC program has been established for those children *0 through 18* years of age who are enrolled in Medicaid, have No Health Insurance (self-pay) or American Indian or Alaska Native. If you have no health coverage your child qualifies for VFC and your vaccinations are provided at a minimal cost to you. You are required to pay a maximum of \$60.00 per visit for the shots. (This is in addition to your co-pay or coinsurance and is due upon checkout.)

This child qualifies for VFC vaccines because he / she (check only one)

- Is enrolled in Medicaid.
- Does not have health insurance (Self pay) – administration fee not to exceed \$60
- Is American Indian or Alaskan Native

I have read and understand the above information, and request that my child receive VFC vaccines.

Parent / Guardian signature

Date

Option B: SC State program

SC State vaccine program has been established for the insured hardships and vaccine caps. Insured hardship is defined as "health insurance deductible greater than \$250 per child or \$500 per family. Eligibility for state vaccine only if the deductible has not been met and the family cannot afford to pay for the vaccine. Vaccine Caps is defined as "insured but coverage capped at certain amount and cap has been exceeded." The Human Papillomavirus Vaccine (HPV) is excluded for the SC State vaccine program.

I have read and understand the above information and request that my child receive SC State funded vaccines.

Name of insurance company: _____

Parent / Guardian Signature

Date

Option C: Private Vaccines

Private vaccinations are given to children whose insurance covers vaccinations at 100% coverage. These vaccinations are purchased from the manufacturers and billed to your insurance company for reimbursement. By signing below, you are stating your insurance carrier covers your vaccinations at 100% and are requesting we bill your insurance carrier for reimbursement. If the vaccinations are not covered, you will be responsible for the cost of the vaccination and administration fees.

I have read and understand the above information, and request that my child receive Private vaccines.

Name of insurance company: _____

I understand that if my insurance does not pay for these vaccines that I am responsible for the balance of any unpaid charges.

Parent / Guardian Signature

Date