



YOUR CHILD MAY QUALIFY FOR THE VACCINES FOR CHILDREN (VFC) PROGRAM OR A STATE-FUNDED PROGRAM. Please select from one of the following:

VFC

1. ACTIVE MEDICAID

There is no charge for the vaccine(s) today.

- | | |
|-------------------------------------|---------------|
| a. Georgia Health Partnership (GHP) | d. CareSource |
| b. Peach State | e. Amerigroup |
| c. Wellcare | |

2. UNINSURED

Your child has no health insurance coverage. Your child is considered self-pay. You will be charged an administration fee of \$21.93 per vaccine. **Payment is due at time of service.**

3. AMERICAN INDIAN -or- ALASKAN NATIVE

If your child is American Indian or Alaskan Native, you will be charged an administration fee of \$21.93 per vaccine. **Payment is due at time of service.**

4. UNDERINSURED

Your child has commercial (private) health insurance that does not cover:

- a. Vaccines; or
- b. The insurance only covers selected vaccines (VFC for non-covered vaccines only); or
- c. The child's insurance caps vaccine coverage for a certain amount.

You will be charged an administration fee of \$21.93 per vaccine. **Payment is due at time of service.**

-OR-

Private

5. PRIVATE

Your child has commercial (private) health insurance that covers vaccines.

It is your responsibility to contact your private insurance company to know what their policy is for payment on vaccines. Please select your insurance plan from the following listed.

- | | |
|---|--|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Cigna |
| <input type="checkbox"/> Ambetter | <input type="checkbox"/> Secure Health |
| <input type="checkbox"/> Anthem (formerly Blue Cross Blue Shield) | <input type="checkbox"/> Tricare |
| <input type="checkbox"/> Other: _____ | |

If you have not selected one of the VFC options, your child will be receiving vaccines from our private stock.

Child's Name: (Please Print) _____ DOB: _____ / _____ / _____

Guardian's Name: (Please Print) _____ Relationship to Child: _____

Guardian's Signature: _____ Date: _____ / _____ / _____