



DOES YOUR CHILD QUALIFY FOR VACCINES FOR CHILDREN (VFC) PROGRAM STATE FUNDED PROGRAM

PLEASE SELECT ONE FROM THE FOLLOWING:

VFC _____ 1. ACTIVE MEDICAID

There will not be any charge for you today.

- a.) Georgia Health Partnership (GHP)
- b.) Peachstate
- c.) Wellcare
- d.) Caresource
- e.) Amerigroup

VFC _____ 2. UNINSURED

My child has no health insurance. I am self pay.

You will be charged an administration fee of \$21.93 per vaccine. Due at time of service.

VFC _____ 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. Due at time of service.

VFC _____ 4. UNDERINSURED

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

- a.) Vaccines – Medi-share – Does not cover vaccines.
- b.) Insurance only covers selected vaccines (VFC for non-covered vaccines only).
- c.) Child’s insurance caps vaccine coverage for a certain amount.

You will be charged an administration fee of \$21.93 per vaccine. Due at time of service.

_____ 5. PRIVATE

If 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.

Other Insurance not listed: _____

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

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Child’s Name: Print _____

DOB: _____

Guardian’s Name: _____

Relationship _____

Guardian’s Signature: _____

Date: _____