

VACCINE PAYMENT POLICY

LANSING PEDIATRIC ASSOCIATES

List Child's Name(s) Below	Child's Date of Birth

Vaccine Coverage Information - We understand that vaccines are expensive. Some insurance companies cover all or part of vaccines and some do not cover any.

Due to the large variation of insurance companies, we cannot know if your vaccines are covered. Some insurance companies will not always tell us if they cover vaccines. Please **before you come**, check with your insurance policy or company to verify your coverage status. You may be told to ask us, but this is an incorrect response by your company. You are their client and it is their responsibility to provide that information to you.

If you do not have coverage, we will expect payment.

Below is information and criteria for the Vaccine For Children (VFC) Program. Our administration fee at this time is \$15.00 per immunization. This fee is subject to change.

Another option you may wish to pursue is to call you county health department to see if vaccines are available there.

Vaccine For Children Program Information – It is YOUR responsibility to notify us at EVERY appointment if you wish to utilize this program. This program provides vaccine serum free of charge **IF** you qualify through one of the reasons listed below:

- Enrolled in Medicaid
- Have No Medical Insurance
- Are an American Indian/Alaskan Native
- Health Insurance does **NOT** cover Immunizations, your insurance deductible **has** been met or your well care coverage has been **maxed out**. (You must be positive that any of these situations apply.)

If you qualify, using the above guidelines, the only cost to you for immunizations would be an administration fee of **\$15.00 per immunization**. This administration fee(s) would have to be paid at the time of the visit.

If you know you qualify, you will have to ask to use the VFC program and **sign a participation agreement at EVERY visit**. The participation agreement must be signed on the day of the visit, it cannot be signed at a later date.

If you are not sure if you qualify, you have 3 options to choose from:

- 1) You may have the immunization(s) today and pay the full immunization charge(s). (If you choose this option, we **CANNOT** reimburse you later if you find out that your insurance does not cover the immunizations.)
- 2) You may go to the Health Department for immunizations. They also charge an administration fee and have insurance guidelines you must follow.
- 3) You may come back to our office, after you check your insurance benefits to verify that you have no immunization coverage, during our immunization hours:

Tuesday through Friday 9:30-11:30am & 1:30-4:30pm

VACCINE SCHEDULE As of 09-01-2011		
Child's Age:	Immunizations to be given:	Immunization Key:
Birth	Hep B	DTaP=Diphtheria, Tetanus, Pertussis Tdap=Tetanus, Diphtheria, Pertussis Hep B=Hepatitis B MMR=Measles, Mumps, Rubella Rota=Rotavirus V=Varicella HPV=Human Papillomavirus Hep A=Hepatitis A Hib=Haemophilus influenza type b MCV4=Meningococcal PCV=Pneumococcal IPV=Inactivated Poliovirus
1 month		
2 months	DTaP, IPV, Hep B, PCV, Hib, Rota	
4 months	DTaP, IPV, Hep B, PCV, Hib, Rota	
6 months	DTaP, IPV, Hep B, PCV, Rota, (Hib,if needed)	
9 months		
12 months	MMR/V, Hib, PCV	
15 months	Hep A, DTaP	
18 months		
2 years	Hep A	
3 years		
4 years	DTaP, IPV, MMR/V	
5 years	MMR/V (Only if not given at 4 years.)	
11-12 years	Td (or) Tdap, MCV4, HPV	

I understand that if my insurance does **NOT** cover vaccines and/or if I do **NOT** utilize the VFC Program **at the time of EVERY visit**, all vaccine charges will be my responsibility.

Parent / Guardian Signature

Date