

2014-2015 Insurance Information Form

The completion of this form is necessary for every vaccine recipient. If no insurance information is available, please fill out as much as possible using existing information.

Information about the person to receive vaccine (please print): *Required Fields

Name: (Last, First, MI)*			Date of birth: * ____/____/____ Month Day Year			Age*	Sex: (Circle)* Male Female	
Street Address:*								
City:*			State: *		Zip:*		Phone: * ()	

Insurance Information: Include the whole member ID number and any letters that are part of that number

Name of Insurance Company:*		Member ID Number:*		Group ID Number: (if available)	
Medicare Number:		Is Medicare Primary? Yes No		Is Subscriber Retired? Yes No	

If person getting vaccinated is not the subscriber, please complete the following:

Subscriber's Name: (Last, First, MI)*			Subscriber's Date of Birth: * ____/____/____ Month Day Year			Sex: (Circle)* Male Female		
Subscriber's Street Address: * (If different from address above)								
City:*			State:*		Zip: *		Phone: * ()	
Patient Relationship to Subscriber: (Circle)* Spouse Child Other								

I give permission for my insurance company to be billed.

X _____ Date: _____
(Signature of patient, parent or legal guardian)

For Clinic/Office Use Only:

Signature of Vaccine Administrator: _____

Date of Service	Vax Type	Vaccine Mfrgr	Lot No	Exp Date	Dose (mL)	State Supplied (Circle)	Preserv Free	Injection Route (Circle)	Injection Site (Circle)	Date On VIS	Date VIS Given
	IIV3				0.25	No	Yes	IM	R Arm L Arm R Leg L Leg	8/19/14	
					0.5		No				
	IIV4				0.25	Yes	Yes	IM	R Arm L Arm R Leg L Leg	8/19/14	
					0.5	No	No				
	LAIV4	Med-Immune			0.2	Yes	Yes	Intranasal	NA	8/19/14	
						No					

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For children 18 years of age and younger:

Is Vaccine for Children (VFC) Program eligible:

- Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid)
- Does not have health insurance
- Is American Indian (Native American) or Alaska Native

Is not VFC-eligible:

- Has health insurance and is not American Indian (Native American) or Alaska Native

****Place Photo Copy of All Insurance Cards Here:***