

Preventative Medicine Services Authorization (Vaccines)

We are providing the information below to you because your child's appointment type has indicated that you are here because your child has an alternate immunization schedule or was unable to receive the vaccine at the last well-child visit.

Today's Visit	Immunization	CPT	Vaccine Fee	Administration Fee* (Based on vaccine components)	Total
	DTaP (Daptacel) (6 wks-6 yrs.)	90700	\$35.00	\$47.00 (90460) + 2(90461) X 23.00	\$128.00
	DTaP-HIB-IPV (Pentacel) (6 wks-4 yrs.)	90698	\$139.00	\$47.00 (90460) + 4(90461) X \$23.00	\$278.00
	Quadracel (DTaP+IPV)	90696	\$70.00	\$47.00 (90460) + 3 (90461) x 23.00	\$186.00
	Flu Quadrivalent 0.5cc (6 mos. +)	90686	\$32.00	\$47.00 (90460)	\$79.00
	HAV, Hep A (VAQTA 0.5cc) (1-18 yrs.)	90633	\$35.00	\$47.00 (90460)	\$82.00
	HAV, Hep A (VAQTA 1cc) (19 yrs. +) **	90632	\$80.00	\$47.00 (90471)	\$127.00
	HBV, Hep B (Recombivax 0.5cc) (0-19 yrs.)	90744	\$30.00	\$47.00 (90460)	\$77.00
	HBV, Hep B (Recombivax 1cc) (20 yrs. +)**	90746	\$82.00	\$47.00 (90471)	\$127.00
	HIB (ActHIB) (6 wks-5 yrs.)	90648	\$35.00	\$47.00 (90460)	\$82.00
	HPV 9 (Gardasil 9) (9-26 yrs.)	90651	\$235.00	\$47.00 (90460)	\$282.00
	IPV (IPOL) (6 wks. +)	90713	\$41.00	\$47.00 (90460)	\$88.00
	MCV 4 (Menactra) (2-55 years)	90734	\$140.00	\$47.00 (90460)	\$187.00
	MMR (1 yrs. +)	90707	\$89.00	\$47.00 (90460) + 2 (90461) x 23.00	\$182.00
	MMRV (Proquad) (1-12 yrs.)	90710	\$231.00	\$47.00 (90460) + 3 (90461) x 23.00	\$347.00
	PCV 13 (Pneumovax 13) (6 wks-4 yrs.)	90670	\$219.00	\$47.00 (90460)	\$266.00
	PPV 23 (Pneumovax) (2 yrs. +)	90732	\$114.00	\$47.00 (90460)	\$161.00
	RV5 (Rotateq) (6-32 weeks)	90680	\$100.00	\$47.00 (90460)	\$147.00
	Td, PF (Tenivac) (7 yrs. +)	90714	\$45.00	\$47.00 (90460) + 1 (90461) x 23.00	\$115.00
	TDaP (Adacel) (11 yrs. +)	90715	\$48.00	\$47.00 (90460) + 2 (90461) x 23.00	\$141.00
	Trumenba (16yrs. – 18yrs.)	90621	\$153.00	\$47.00 (90460)	\$200.00
	Typhoid (2 yrs. +)**	90691	\$85.00	\$47.00 (90460)	\$132.00
	VAR (Varicella) (1 yrs. +)	90716	\$159.00	\$47.00 (90460)	\$206.00
	Yellow Fever (≥ 9mos.)**	90717	\$185.00	\$47.00 (90460)	\$232.00

**Administration codes will change if only a nurse or medical assistant is seen or the patient is greater than 18 years of age. (90471-90474)

Uninsured Patients: Vaccines will be provided to any *eligible* child 0 to 18 years old through the Virginia Vaccines for Children Program, but you will be charged the administration fee of \$21.00 per vaccine. If you have questions as to whether you qualify for this service please ask our clinical staff. **(VVFC does not offer the Adult Hep A, Adult Hep B, Yellow Fever, or Typhoid vaccines.** These vaccines would be subject to fees listed above.) **** Not an eligible VFC Vaccine**

If your child is under-insured (plan does not cover well child services) you may take advantage of the VVFC program through your local Health Department to immunize your child at a rate based on a sliding fee scale.

Insurance eligibility status	Insurance Plan:
<input type="checkbox"/>	As of today's date, your insurance indicates that your coverage is ACTIVE.
A problem has been identified with your insurance coverage:	
<input type="checkbox"/>	CAP Providers are not participating with your plan.
<input type="checkbox"/>	Your insurance coverage is inactive or not on file
<input type="checkbox"/>	An eligibility issue has been identified (Name or DOB mismatch)
<input type="checkbox"/>	Services require a referral or authorization and one has not been obtained from your PCP
<input type="checkbox"/>	PCP not selected – (Required By Your Insurance)
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> If uninsured, a 20% discount is available for fees that are paid in full at time of service. </div>	
<i>The financially responsible party will be liable for all charges rendered at today's visit if claims are denied and/or new insurance information is not supplied within 30 days of today's visit.</i>	

I acknowledge that I have been given information and fees related to today's visit.

Date: _____

PRINT: _____

SIGNATURE: _____

Name of Legally authorized patient/accompanying adult