

## Preventative Medicine Services Authorization (Vaccines)

We are providing the information below to you because you or your child's appointment type has indicated that you or your child is here to receive the vaccine recommended by our providers.

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	\$142.00	\$47.00 (90460) + 4(90461) X \$23.00	\$281.00
	Quadracel (DTaP+IPV)	90696	\$72.00	\$47.00 (90460) + 3 (90461) x 23.00	\$188.00
	Flu Quadrivalent 0.5cc (6 mos. +)	90686	\$32.00	\$47.00 (90460)	\$79.00
	HAV, Hep A (VAQTA 0.5cc) (1-18 yrs.)	90633	\$45.00	\$47.00 (90460)	\$92.00
	HAV, Hep A (VAQTA 1cc) (19 yrs. +) **	90632	\$85.00	\$47.00 (90471)	\$132.00
	HBV, Hep B (Recombivax 0.5cc) (0-19 yrs.)	90744	\$35.00	\$47.00 (90460)	\$82.00
	HBV, Hep B (Recombivax 1cc) (20 yrs. +)**	90746	\$83.00	\$47.00 (90471)	\$128.00
	HIB (ActHIB) (6 wks-5 yrs.)	90648	\$35.00	\$47.00 (90460)	\$82.00
	HPV 9 (Gardasil 9) (9-26 yrs.)	90651	\$275.00	\$47.00 (90460)	\$322.00
	IPV (IPOL) (6 wks. +)	90713	\$42.00	\$47.00 (90460)	\$89.00
	MCV 4 (Menactra) (2-55 years)	90734	\$152.00	\$47.00 (90460)	\$199.00
	MMR (1 yrs. +)	90707	\$96.00	\$47.00 (90460) + 2 (90461) x 23.00	\$189.00
	MMRV (Proquad) (1-12 yrs.)	90710	\$272.00	\$47.00 (90460) + 3 (90461) x 23.00	\$388.00
	PCV 13 (Prevnar 13) (6 wks-4 yrs.)	90670	\$232.00	\$47.00 (90460)	\$279.00
	PPV 23 (Pneumovax) (2 yrs. +)	90732	\$125.00	\$47.00 (90460)	\$172.00
	RV5 (Rotateq) (6-32 weeks)	90680	\$105.00	\$47.00 (90460)	\$152.00
	Td, PF (Tenivac) (7 yrs. +)	90714	\$45.00	\$47.00 (90460) + 1 (90461) x 23.00	\$115.00
	TDaP (Adacel) (11 yrs. +)	90715	\$55.00	\$47.00 (90460) + 2 (90461) x 23.00	\$148.00
	Trumenba (16yrs. – 18yrs.)	90621	\$180.00	\$47.00 (90460)	\$227.00
	Typhoid (2 yrs. +)**	90691	\$95.00	\$47.00 (90460)	\$142.00
	VAR (Varicella) (1 yrs. +)	90716	\$166.00	\$47.00 (90460)	\$213.00
	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* patient 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. **(VVC 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 patient is under-insured (plan does not cover well services) you may take advantage of the program offered through your local Health Department to be immunized at a rate based on a sliding fee scale.

Insurance eligibility status	Insurance Plan:
As of today's date, your insurance indicates that your coverage is ACTIVE.	
<b>A problem has been identified with your insurance coverage:</b>	
CAP Providers are not participating with your plan.	If uninsured, a 20% discount is available for fees that are paid in full at time of service.
Your insurance coverage is inactive or not on file	
An eligibility issue has been identified (Name or DOB mismatch)	
Services require a referral or authorization and one has not been obtained from your PCP	
PCP not selected – (Required By Your Insurance)	
<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**