

Patient Chart #:

### 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	\$40.25	\$47.00 (90460) + 2(90461) X 23.00	\$133.25
	DTaP-HIB-IPV (Pentacel) (6 wks-4 yrs.)	90698	\$163.30	\$47.00 (90460) + 4(90461) X \$23.00	\$302.30
	Quadracel (DTaP+IPV)	90696	\$82.80	\$47.00 (90460) + 3 (90461) x 23.00	\$198.80
	Flu Quadrivalent 0.5cc (6 mos. +)	90686	\$36.80	\$47.00 (90460)	\$83.80
	HAV, Hep A (VAQTA 0.5cc) (1-18 yrs.)	90633	\$51.75	\$47.00 (90460)	\$98.75
	HAV, Hep A (VAQTA 1cc) (19 yrs. +) **	90632	\$97.75	\$47.00 (90471)	\$144.75
	HBV, Hep B (Recombivax 0.5cc) (0-19 yrs.)	90744	\$40.25	\$47.00 (90460)	\$87.25
	HBV, Hep B (Recombivax 1cc) (20 yrs. +)**	90746	\$95.45	\$47.00 (90471)	\$142.45
	HIB (ActHIB) (6 wks-5 yrs.)	90648	\$40.25	\$47.00 (90460)	\$87.25
	HPV 9 (Gardasil 9) (9-26 yrs.)	90651	\$316.25	\$47.00 (90460)	\$363.25
	IPV (IPOL) (6 wks. +)	90713	\$48.30	\$47.00 (90460)	\$95.30
	MenQuadfi (11 yrs+)	90619	\$174.80	\$47.00 (90460)	\$221.80
	MMR (1 yrs. +)	90707	\$110.40	\$47.00 (90460) + 2 (90461) x 23.00	\$203.40
	MMRV (Proquad) (1-12 yrs.)	90710	\$312.80	\$47.00 (90460) + 3 (90461) x 23.00	\$428.80
	PCV 20 (Pneumovax 20) (6 wks – 4 yrs)	90677	\$300.00	\$47.00 (90460)	\$347.00
	PPV 23 (Pneumovax) (2 yrs. +)	90732	\$143.75	\$47.00 (90460)	\$190.75
	RV5 (Rotateq) (6-32 weeks)	90680	\$120.75	\$47.00 (90460)	\$167.75
	Td, PF (Tenivac) (7 yrs. +)	90714	\$51.75	\$47.00 (90460) + 1 (90461) x 23.00	\$121.75
	TDaP (Adacel) (11 yrs. +)	90715	\$63.25	\$47.00 (90460) + 2 (90461) x 23.00	\$156.25
	Trumenba (16yrs. – 18yrs.)	90621	\$207.00	\$47.00 (90460)	\$254.00
	Typhoid (2 yrs. +)**	90691	\$109.25	\$47.00 (90460)	\$156.25
	VAR (Varicella) (1 yrs. +)	90716	\$190.90	\$47.00 (90460)	\$237.90
	Covid Vaccine (Pfizer 6 mos – 4 yrs)	91318	\$71.86	\$85.00 (90480)	\$156.86
	Covid Vaccine (Pfizer 5 yrs – 11 yrs)	91319	\$96.25	\$85.00 (90480)	\$181.25
	Covid Vaccine (Comirnaty 12 yrs +)	91320	\$138.00	\$85.00 (90480)	\$223.00

\*\*Administration codes will change for immunization visits or for patients 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. **(VVFC does not offer the Adult Hep A, Adult Hep B, 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.

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**