

APPENDIX

2

PATIENT ELIGIBILITY FORMS

Bureau of Immunization-Vaccines for Children Program

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**Comprehensive Certification Form
for American Indians and Alaskan Natives**

This form may be substituted for individual VFC screening records when 100% of the persons to be immunized at this facility are American Indians or Alaskan Natives.

Provider enrollment and Provider Profile forms for this practice must be on file with the State Health Department or public health agency of record. Certification must be re-issued annually when provider profile is submitted.

Date: _____

Facility Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

E-mail: _____

Authorizing Official: _____
(Please Print the Authorizing Official's Name)

(Signature of Authorizing Official)

**Retain a copy of this form at your facility and send the original to the
State Health Department or state public health agency of record.**

**Comprehensive Certification Form
for Children Who Are Enrolled in Medicaid**

Provider Enrollment and Provider Profile forms for this practice must be on file with the State Health Department or public health agency of record. Certification must be re-issued annually when provider profile is submitted.

Date: _____

Facility Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

E-mail: _____

Authorizing Official: _____
(Please Print the Authorizing Official's Name)

(Signature of Authorizing Official)

**Retain a copy of this form at your facility and send the original to the
State Health Department or state public health agency of record.**

Family Planning Clinic
Unaccompanied Minor without Insurance Information VFC Vaccine Log

Directions: This form must be completed and submitted to the state immunization program on a monthly basis. To prevent duplication of patient count, please record all vaccines administered to one patient on a single line. This report is in addition to other VFC reports required by the state immunization program. In completing this log, document only the administration of any VFC vaccine to unaccompanied minors (through 18 years of age) who present without insurance information. Please keep one copy for your clinic's records and send one to the state Immunization Program at the address below:

Florida Vaccines for Children (VFC) Program
 4052 Bald Cypress Way, BIN A-11
 Tallahassee, Florida 32399-1700
 Attention: VFC Manager

Clinic name: _____

Person completing this log: _____

Phone number of person completing this log: _____

Log for: Month _____ Year _____

Patient	Date VFC vaccine was administered	List names of VFC vaccines administered	Total number of VFC vaccines administered to this patient
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Total number of VFC vaccines, by type, administered this month:

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Maximum Regional Charges for Vaccine Administration by State

State	Regional maximum charge
Alabama	\$14.26
Alaska	\$17.54
Arizona	\$15.43
Arkansas	\$13.30
California	\$17.55
Colorado	\$14.74
Connecticut	\$16.56
Delaware	\$15.13
District of Columbia	\$16.55
Florida	\$16.06
Georgia	\$14.81
Hawaii	\$15.71
Idaho	\$14.34
Illinois	\$16.79
Indiana	\$14.47
Iowa	\$14.58
Kansas	\$14.80
Kentucky	\$14.17
Louisiana	\$15.22
Maine	\$14.37
Maryland	\$15.49
Massachusetts	\$15.78
Michigan	\$16.75
Minnesota	\$14.69
Mississippi	\$13.92
Missouri	\$15.07
Montana	\$14.13
Nebraska	\$13.58
Nevada	\$16.13
New Hampshire	\$14.51
New Jersey	\$16.34
New Mexico	\$14.28
New York	\$17.85
North Carolina	\$13.71
North Dakota	\$13.90
Ohio	\$14.67
Oklahoma	\$13.89
Oregon	\$15.19
Pennsylvania	\$15.76

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State	Regional maximum charge
Puerto Rico	\$12.24
Rhode Island	\$14.93
South Carolina	\$13.62
South Dakota	\$13.56
Tennessee	\$13.70
Texas	\$14.85
Utah	\$14.52
Vermont	\$13.86
Virginia	\$14.71
Virgin Islands	\$15.09
Washington	\$15.60
West Virginia	\$14.49
Wisconsin	\$15.02
Wyoming	\$14.31