

## 2021 Flu Insurance Information

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: * (     )

**If Person getting vaccinated is not 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 Address: * (if different from address above)		
City: *	State: *	Zip: * Phone: * (     )
Patient Relationship to Subscriber: (Circle)*    Spouse    Child    Other		

I give permissions for my insurance company to be billed.

X \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of patient, parent or legal guardian)

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

## 2021 Flu Insurance Information

**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

	Date of Service	Vax Type	Vaccine Mfgr	Lot No	Exp Date	Dose (mL)	State Supplied	Preserv Free*	Injection Route	Injection Site (Circle)	Date VIS Given
<b>1</b>	<b>11/4</b> <b>Meeting house School</b>	Fluzone Quadrivalent	Sanofi Pasteur Non Preservative free	UJ695AA	6/30/22	0.5	No	No	IM	L ARM R ARM	
<b>2</b>	<b>11/4</b> <b>Meeting house School</b>	Fluzone Quadrivalent	Sanofi Pasteur Preservative free	UJ751AA	6/30/22	0.7	No	Yes	IM	L ARM R ARM	
<b>3</b>	<b>11/4</b> <b>Meeting house School</b>	Flublok Quadrivalent	Sanofi Pasteur Preservative free	UJ725AA	6/30/22	0.5	No	Yes	IM	L ARM R ARM	
<b>4</b>	<b>11/4</b> <b>Meeting house School</b>	Flumist Quad Prefilled Syringe 6mon- 18 yrs	McKesson	NK2075	1/13/22	0.5	No	Yes	<b>Nasal</b>	N/A	

**For Clinic/Office Use only:**

**Signature of Vaccine Administrator:** \_\_\_\_\_

**Please note:** For billing purposes “**preservative free**” vaccines are vaccines pre-filled syringes or single dose vials. “**Not preservative free**” vaccine are vaccines in multi dose vials.

**Provider:** Westminster Board of Health    **MDPH Provider PIN#:** 14838

**Provider Address:** 11 South Street, Westminster, MA 04173