

Bright Pediatrics

www.bright-pediatrics.com

VACCINES

My signature below verifies that Bright Pediatrics, P.C. has my full consent to administer any vaccine that is recommended for my child by the State of Georgia. My signature also gives permission for the data exchange export to take place through Allscripts to GRITS (Georgia Registry of Immunization Transaction and Services).

Child's name: _____ Birthdate: _____

_____ Date: _____

Signature of Parent or Guardian

Printed Name of Parent or Guardian

PAYMENT INFORMATION (Does patient have?) Georgia Medicaid Amerigroup Medicaid

Georgia Peachtree Amerigroup PeachCare WellCare PeachCare BlueCare No Insurance

Insurance name: _____ (if not listed)

Vaccines for children program patient eligibility screening record: Bright Pediatrics, PC participates in Vaccine for Children Program (VFC). If you meet the requirements of this program, we can provide your child's vaccinations at a reduced fee. In order to determine eligibility we must know if your child has insurance that pays for vaccinations.

A record must be kept in the healthcare provider's office that reflects the status of all children 18 years of age or younger, who receive immunization through the VFC program. The record may be completed by the parents, guardian or individual of record, or by the healthcare provider. This same record may be used for all subsequent visits as long as the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

INSURANCE COVERAGE: (check statement that applies)

My child has insurance that pays for vaccinations.

My child has insurance, but I do not know if it pays for vaccinations. I will contact my insurance company to find out if it pays for vaccinations.

VFC PROGRAM My child qualifies for vaccination through the VFC program because he/she (check only one box):

is enrolled in Medicaid OR does not have health insurance OR is American Indian or Alaskan Native OR has health insurance that DOES NOT PAY for vaccines OR is enrolled in PeachCare for Kids.