2019-2020 Community Flu Insurance Information Form & Vaccine Administration Record

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

Last Name*	First Name*	MI	Date of birth: * _____ / _____ / _____ Month Day Year	Age*	Sex:*
Street Address:*					
City:*	State: *	Zip:*	Phone:* ( )		

Insurance Information: *Include the whole member ID number and any letters that are part of that number*

Name of Insurance Company:*	Member ID Number:*	Group ID Number: (if available)
Medicare Number:	Is Medicare Primary? ☐ Yes ☐ No	Is Subscriber Retired? ☐ Yes ☐ No

If person getting vaccinated is not the insurance subscriber/policy holder, please complete the following:

Subscriber's Name: (Last, First, MI)*	Subscriber's Date of Birth: * _____ / _____ / _____ Month Day Year	Sex:*
Subscriber's Street Address:* (If different from address above)		
City:*	State:*	Zip: *	Phone:* ( )
Patient Relationship to Subscriber: (Circle)* ☐ Spouse ☐ Child ☐ Other		

For children 18 years of age and younger:

Is Vaccine for Children (VFC) Program eligible:
- ☐ Is American Indian (Native American) or Alaska Native
- ☐ Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid)
- ☐ Does not have health insurance

Is not VFC-eligible:
- ☐ Has health insurance and is not American Indian (Native American) or Alaska Native

I give permission for my insurance company to be billed.

X _____ Date: _____

(Signature of patient, parent, or legal guardian)

****

For Clinic/Office Use Only:

Signature of Vaccine Administrator: _____

Date of Service/Date VIS Given	Vax Type	Vaccine Mfgr	State Supplied	Preserv Free*	Lot No	Exp Date	Dose (mL)	Injection Route	Injection Site (Circle)	Date On VIS
	Place sticker here							IM	R Arm L Arm	8/15/19

Provider Name: Newton Health and Human Services Department MDPH Provider PIN#: 11223
Provider Address: 1000 Commonwealth Ave, Newton, MA 02459