

**** FOR CLINIC USE ONLY ****

Pt # _____ Clinic Identification _____

VFC (underinsured/uninsured) PRIVATE OTHER _____

Amount Pd: _____ Check#: _____ CC: _____
(Accepted in Battle Creek Clinic only)

ID checked? _____ Medicaid # _____
Active, NOT ESO

Commercial Insurance Info: *Must Have Copy of Insurance Card*

Insured Cardholder:
 Same as front OR

Statement should be sent to:
 Same as front OR

Name:	Name:
Birthdate:	Address:
Relationship to Patient:	Phone:
Employer:	Relationship to Patient:

VFC	Private	(SDV – single dose; MDV – Multi dose; PF- preservative free)
20.00	43.00	Influenza – prefilled syringes .25 6-35 months Preservative free (IIV4 PF)
20.00	39.00	Influenza – SDV 3 yrs & older - Preservative free (IIV4 PF)
20.00	39.00	Influenza – prefilled syringes .50 - 3 yrs & older preservative free (IIV4 PF)
20.00	37.00	Influenza – MDV – 6 months & older (IIV4)
20.00		Fluarix PF .50 prefilled syringes – 3 yrs & older
	58.00	High Dose Flu – 65+ (IIV HD)
20.00	83.00	Pneumococcal – Pneumovax (PPSV23)
20.00	172.00	Pneumococcal – Prevnar (PCV13)

INFLUENZA

Date Vaccinated _____

Manufacturer & Lot # _____

Site of Injection **RA RL LA LL**

Dose **0.25ml 0.5ml**

Immunizer (int.) _____

COMMENTS/OTHER _____

VIS: 8/7/15

PNEUMOCOCCAL

Pneumonia shot in last 5 years? Yes No

Vaccine Type PPSV23 PCV13

Date Vaccinated _____

Manufacturer & Lot # _____

Site of Injection **RA RL LA LL**

Immunizer (int.) _____

COMMENTS/OTHER _____

VIS: PPSV23 - 4/24/15 PCV13 – 11/5/15