

INSURANCE BENEFIT WORKSHEET FOR VACCINES

Please complete the information below and return to office staff.

Date: _____ Patient's Name: _____

Insurance plan: _____

Insurance representative you spoke to:

Name _____ Phone # including ext: _____

Covered Services:

Are vaccines covered by your insurance? **NO** **YES** **If NO**, you do not need to complete the rest of this form. Be sure the top portion is filled out completely and bring this form with you to the vaccination appointment. **If YES**, ask the following questions:

Do you have a deductible? **NO** **YES** **If YES**, how much? _____

Do you have a co-pay? **NO** **YES** **If YES**, how much? _____

Do you have a "maximum benefit"? **NO** **YES** **If YES**, how much of that benefit amount remains for this benefit period? _____

Does your vaccine coverage only apply to certain ages? **NO** **YES** **If YES**, which ages? _____

If your policy covers HPV (90649), does coverage also apply to boys? **NO** **YES**

Are all vaccines covered? **NO** **YES** **If NO**, ask the insurance representative which vaccines are covered by your insurance policy using the CPT codes below. If the representative tells you that vaccine is covered, make a check mark in the box next to that vaccine.

If your child is 0-6 years of age, ask about these codes:		If your child is 7-18 years of age, ask about these codes:	
CPT Code	Vaccine	CPT Code	Vaccine
<input type="checkbox"/> 90700	DTaP	<input type="checkbox"/> 90633	Hep A
<input type="checkbox"/> 90723	DTaP-IPV-HepB	<input type="checkbox"/> 90744	Hep B
<input type="checkbox"/> 90698	DTaP-HIB-IPV	<input type="checkbox"/> 90743	Hep B
<input type="checkbox"/> 90721	DTaP-HIB	<input type="checkbox"/> 90636	Hep A Hep B
<input type="checkbox"/> 90696	DTaP-IPV	<input type="checkbox"/> 90649	HPV
<input type="checkbox"/> 90633	Hep A	<input type="checkbox"/> 90656	Flu
<input type="checkbox"/> 90744	Hep B	<input type="checkbox"/> 90658	Flu
<input type="checkbox"/> 90648	HIB ActHIB	<input type="checkbox"/> 90660	Flu Nasal
<input type="checkbox"/> 90647	HIB PedvaxHIB	<input type="checkbox"/> 90713	IPV
<input type="checkbox"/> 90748	HIB-Hep B	<input type="checkbox"/> 90734	MCV
<input type="checkbox"/> 90655	Flu 6-35 mo	<input type="checkbox"/> 90733	MPSV
<input type="checkbox"/> 90656	Flu 36 mo & older	<input type="checkbox"/> 90707	MMR
<input type="checkbox"/> 90658	Flu 3 yrs & older	<input type="checkbox"/> 90710	MMRV
<input type="checkbox"/> 90660	Flu nasal	<input type="checkbox"/> 90732	PPV23
<input type="checkbox"/> 90713	IPV	<input type="checkbox"/> 90715	Tdap
<input type="checkbox"/> 90733	MPSV	<input type="checkbox"/> 90714	dT
<input type="checkbox"/> 90734	MCV	<input type="checkbox"/> 90716	Varicella
<input type="checkbox"/> 90707	MMR		
<input type="checkbox"/> 90710	MMRV		
<input type="checkbox"/> 90670	PCV13		
<input type="checkbox"/> 90732	PPV23		
<input type="checkbox"/> 90680	RV5		
<input type="checkbox"/> 90716	Varicella		