Greater Atlanta Pediatrics, P.C.

[www.Greateratlantapediatrics.com](http://www.Greateratlantapediatrics.com)

**vaccines**

My signature below verifies that Greater Atlanta Pediatrics, P.C. has my full consent to administer recommended vaccines that are needed for my child by the State of Georgia. My signature also gives permission for the data exchange export to take place through all scripts to GRITS (Georgia Registry of Immunization Transaction and Services).

Child’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Printed Name of Parent/Guardian Date

**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:**

Greater Atlanta 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 of reach 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 healh 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.