

IMMUNIZATION PAYMENT INFORMATION

Today's date: _____

PATIENT Last Name First Name Birth Date

Please select payment method below

State Insurance

- Medicaid / Apple Health** (V02, V01)
- CHIP – Children’s Health Insurance Program** (V22)

Private Insurance

Most insurance companies cover immunizations as preventative care without deductible applying.

- Private Insurance / Qualified Health Plan / Secondary Insurance** (V25, V01)
- Medicare** (V24) *JCPH is not a Medicare provider.* Payment at Time of Service. May request sliding scale for Tdap (V23)
- CHP - Children’s Health Plan** (V25)
- Health Savings Account** (V25, V01) Full fee at time of service. We will provide you with a receipt you can submit to your HSA.

FOR ALL OPTIONS ABOVE:

I authorize my insurance benefits be paid directly to the provider. I am financially responsible for making any co-payments at the time of service and am financially responsible for any balance due. I also authorize the provider or insurance company to release any information required for this claim. **Signature** _____ **Date** _____

Uninsured? No problem 😊

- Child (< 19 yo)** (V03) **No cost for vaccine.** Office visit and administration fees are based on a sliding scale dependent upon income. No child immunizations denied for inability to pay. (Does not apply to travel vaccines)
- Adult** (V01) (V23 St. Tdap) **Full cost of vaccine.** Office visit and administration fees are based on a sliding scale dependent upon income.

() **Requesting a Fee Adjustment Based on Income** (Does not apply to travel vaccines)
Gross Monthly Pay: \$ _____ Number of people in household supported by this income _____
I certify that the financial information provided is accurate and current.

Signature _____ Date _____

- Prearrangements have been made to bill:** (V24) Agency: DBH, PT Paper, City of PT, other _____