

Immunization Coverage Questionnaire-Ages 0-6 years

The purpose of this form is to help ensure that our families are aware of what immunization benefits they have with their insurance. We recommend prior to every well visit that a vaccine is to be given you contact your insurance to understand if the vaccine will be a covered benefit. If it is not a covered benefit you will know a head of time and not get an unexpected bill. There is the option to you to have these immunizations given by the county, but be aware that they are short staffed and you may not get in quickly. Below are some questions to help guide you with what you should be asking your insurance company. Attached is the immunization schedule that New Beginnings follows and this can help you with the questions regarding specific vaccines. If you have any questions contact our office. Bring this form with you to your next well child visit.

Insurance Name: _____

Do I have:

Benefits for immunizations/vaccines? _____

Benefits for well child care and/or school physical? _____

Is there a maximum per year for the above benefits? _____

If Yes, list dollar amount _____

Are there only certain immunizations covered? _____

If answered yes to the above question, please list covered immunizations/vaccines

Birth	Hep B #1
1 Months	Heb B #2
2 Months	Hib #1, DTAP #1, Injectable polio #1, Prevnar #1, Rotateq#1
4 Months	Pedvax (Hib #2), DTAP #2, Injectable polio #2, Prevnar #2, Rotateq #2
6 Months	DTAP #3, Prevnar #3, Rotateq #3, Hib #3, Influenza #1 & #2 (4 wks. apart)
6-23 Months	Routine Influenza vaccinations (4 wks. apart), Hep B # 3
12 Months	MMR #1, Varicella #1, Hep A #1, Prevnar #4
15 Months	Hib #4
18 Months	DTAP #4, Injectable polio #3, Hep A #2
4-6 Yrs.	DTAP #5, Injectable polio #4, MMR #2, Varivax #2

Immunization Coverage Questionnaire-Ages 7-15

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If answered yes to the above question, please list covered immunizations/vaccines

11-12 Yrs. Tdap, Menactra
 Gardasil for females
 MMR if 2nd dose not given > 12 mos.
 Catch up Hep B, Varivax, and Hep. A
 Yearly influenza

14-15 Yrs. Tdap
 Menactra- Routinely
 Hep A (if it risk), Hep B, MMR,
 Varivax- if not given before, if given > 13 yrs – 2 doses – 2 wks apart
 Gardasil for females
 Yearly influenza

Vaccines catch up or if at risk

Varivax-if given > 13 years-2 doses-2 weeks apart