

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? _____

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:		If the vaccine is for you, or your child is 19 years of age & older, ask about these codes:	
CPT Code	Vaccine	CPT Code	Vaccine	CPT Code	Vaccine
<input type="checkbox"/> 90700	DTaP	<input type="checkbox"/> 90633	Hep A	<input type="checkbox"/> 90632	Hep A
<input type="checkbox"/> 90723	DTaP-IPV-HepB	<input type="checkbox"/> 90744	Hep B	<input type="checkbox"/> 90746	Hep B
<input type="checkbox"/> 90698	DTaP-HIB-IPV	<input type="checkbox"/> 90743	Hep B 2 nd dose	<input type="checkbox"/> 90636	Hep A Hep B
<input type="checkbox"/> 90721	DTaP-HIB	<input type="checkbox"/> 90636	Hep A Hep B	<input type="checkbox"/> 90649	HPV
<input type="checkbox"/> 90696	DTaP-IPV	<input type="checkbox"/> 90649	HPV	<input type="checkbox"/> 90656	Flu
<input type="checkbox"/> 90633	Hep A	<input type="checkbox"/> 90656	Flu	<input type="checkbox"/> 90658	Flu
<input type="checkbox"/> 90744	Hep B	<input type="checkbox"/> 90658	Flu	<input type="checkbox"/> 90660	Flu Nasal
<input type="checkbox"/> 90648	HIB ActHIB	<input type="checkbox"/> 90660	Flu Nasal	<input type="checkbox"/> 90713	IPV
<input type="checkbox"/> 90647	HIB PedvaxHIB	<input type="checkbox"/> 90713	IPV	<input type="checkbox"/> 90734	MCV
<input type="checkbox"/> 90748	HIB-Hep B	<input type="checkbox"/> 90734	MCV	<input type="checkbox"/> 90733	MPSV
<input type="checkbox"/> 90655	Flu 6-35 mo	<input type="checkbox"/> 90733	MPSV	<input type="checkbox"/> 90707	MMR
<input type="checkbox"/> 90656	Flu 36 mo & older	<input type="checkbox"/> 90707	MMR	<input type="checkbox"/> 90732	PPV23
<input type="checkbox"/> 90657	Flu 6-35 mo	<input type="checkbox"/> 90710	MMRV	<input type="checkbox"/> 90715	Tdap
<input type="checkbox"/> 90658	Flu 3 yrs & older	<input type="checkbox"/> 90732	PPV23	<input type="checkbox"/> 90714	Td
<input type="checkbox"/> 90660	Flu nasal	<input type="checkbox"/> 90715	Tdap	<input type="checkbox"/> 90716	Varicella
<input type="checkbox"/> 90713	IPV	<input type="checkbox"/> 90714	Td	<input type="checkbox"/> 90736	Zoster
<input type="checkbox"/> 90734	MCV	<input type="checkbox"/> 90716	Varicella		
<input type="checkbox"/> 90733	MPSV				
<input type="checkbox"/> 90707	MMR				
<input type="checkbox"/> 90710	MMRV				
<input type="checkbox"/> 90669	PCV				
<input type="checkbox"/> 90732	PPV23				
<input type="checkbox"/> 90680	RV5				
<input type="checkbox"/> 90681	RV1				
<input type="checkbox"/> 90716	Varicella				