



PROVIDER INFORMATION

- Correction
History

PROVIDER's NAME(1):

NPI # or Group #:

PROVIDER's COMPLETE ADDRESS(2):

PATIENT INFORMATION

PATIENT's MEDICAID/MCI#(3):

PATIENT's NAME (LAST, FIRST)(4):

SEX(5): Male Female

PATIENT's ADDRESS(7):

DOB(6): / /

CITY, STATE ZIP CODE:

ETHNICITY(8): Hispanic Non-Hispanic

RACE(9): Caucasian African American Asian/Pacific Islander Am. Indian/Alaskan Native Other (Specify):

DATE OF IMMUNIZATION(10)

INSURANCE COVERAGE

IMPORTANT

/ /

VFC Eligible(11):

- Insurance Without Immunization Coverage
Medicaid: (Pick One) Primary Secondary
Medicaid Managed Care (Specify):
American Indian/Alaskan Native
Uninsured

Private Insurance(14):

- Aetna Nationwide
AmeriHealth Provident
BC/BS Prudential
Cigna Travelers
Coventry United Health Care
Other (Specify):

- Delaware Healthy Children Program(12)
317 Funding (Public Clinics Only)(13)

Adult HPV Vaccine Program(15):

- Uninsured Underinsured

IMMUNIZATION(s) ADMINISTERED(16)

Table with 4 columns: VACCINE, SERIES NUMBER, VACCINE MANUFACTURER, VACCINE LOT NUMBER. Rows include DT, DTaP, HepA, Hib, HPV, Influenza, etc.

