



## South Carolina State Vaccine Program: Insured Eligibility Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Name and Insurance ID Number of Policy Holder \_\_\_\_\_

### **Insured State Vaccine Eligibility Categories**

**HPV** vaccine is **excluded** from the State Vaccine Program.

Check appropriate box(es) regarding eligibility for State vaccine, as applicable:

**Non FQHC/Non RHC Providers:**

- Insured but coverage does not include vaccines (*Underinsured*);
- Insured but coverage only for select vaccines (eligible for State vaccine for non-covered vaccines only) (*Underinsured*);

All Providers: (*This section includes all providers enrolled in the State Vaccine Program*)

- Health insurance deductible  $\geq$  \$250.00 per child OR  $\geq$  \$500.00 per family (Eligible for state vaccine only if the deductible has not been met and the family cannot afford to pay for vaccine) (**Insured Hardship**)
- Insured but coverage capped at certain amount and cap has been exceeded (**Vaccine Caps**)

**NOTE:**

**Children who are not eligible for Federal VFC or State vaccine programs must be administered privately purchased vaccine.**

I hereby acknowledge that the information given herein is true and correct. I authorize DHEC to verify any information contained in this document.

\_\_\_\_\_  
Signature of Patient/Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Healthcare Provider/Designated Staff

\_\_\_\_\_  
Date

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### Instructions for Completing

#### Purpose:

To provide documentation for non-DHEC healthcare providers enrolled in the South Carolina State Vaccine Program for eligibility of *non- VFC eligible children 18 years of age or younger* to receive State vaccine, prior to vaccine administration.

#### General Instructions for Use:

The Insured Eligibility Form is to be completed prior to administration of vaccine(s).

#### Item-By-Item Instructions:

1. Complete the Child's Name, Date of Birth, Insurance Company, Policy Number, and Name and Insurance ID Number of Policy Holder (*this section of form may be completed by parent/guardian/individual of record*).
2. Assess child's eligibility for State vaccine and check appropriate box(es), as applicable.
3. Parent/Guardian/Individual of Record to sign and date form affirming the information they have provided is accurate and authorizing DHEC to verify insurance information given.
4. Healthcare provider or healthcare provider staff authorized to assess eligibility for State Vaccine to sign and date form.

#### Office Mechanics and Filing:

The completed Insured Eligibility Form must be retained for (3) years.

Note: *Children who are eligible for the SC State Vaccine Program are only to be recorded on the Vaccine Usage Log (DHEC1232).*