**Influenza Vaccine 2024 - 2025**

Patient Name ­­­ ­­­­ **Granville Vance Public Health**

Social Security Number - - Consent/Billing Form

Date of Birth Age  **Insurance Information (must attach copy of card)**

Race Sex Hispanic Medicare Number

Address Medicaid Number

 Insurance Company

Zip Code Phone Number Cash Payment: **$**

**STATEMENT OF UNDERSTANDING**: I have read, and I understand the information provided to me about receiving vaccines for influenza (VIS) and/or pneumococcal (VIS), and I have had the opportunity to ask questions. I understand that being allergic to eggs may be a reason for not receiving the influenza vaccine. I affirm to the best of my knowledge that the following questions have been answered truthfully: Please initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*DECLARACIÓN DE ENTENDIMIENTO: He leído y entiendo la información que se me ha proporcionado para recibir las vacunas contra la influenza (VIS) y/o neumococo (VIS), y he tenido la oportunidad de hacer preguntas. Entiendo que ser alérgico a los huevos puede ser una razón para no recibir la vacuna contra la influenza. Afirmo con el mayor de mis conocimientos que entiendo las siguientes preguntas y que han sido respondidas con veracidad:*

*Por favor inicial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |
| --- | --- | --- |
| 1. Have you ever had a serious allergic reaction to influenza vaccine?
 | Yes | No |
| ¿Alguna vez ha tenido una reacción alérgica grave a la vacuna contra la influenza? | Sí | No |
| 1. Are you allergic to eggs, egg products, or thimerosal?
 | Yes | No |
| ¿Es alérgico a los huevos, productos de huevo o timerosal? | Sí | No |
| 1. Have you had an anaphylactic reaction to latex (difficulty breathing)?
 | Yes | No |
| ¿Ha tenido una reacción anafiláctica al látex (dificultad para respirar)? | Sí | No |
| 1. Do you have a fever with a temperature above 100 o F?

 ¿Tiene fiebre con una temperatura superior a 100 o F? | YesSí | NoNo |
| 1. Do you have a severe illness with or without fever?
 | Yes | No |
| ¿Tiene una enfermedad grave con o sin fiebre? | Sí | No |
| 1. Have you ever been diagnosed with Guillain–Barrésyndrome?
 | Yes | No |
| ¿Alguna vez le han diagnosticado el síndrome de Guillain-Barré? | Sí | No |

STATEMENT OF PERMISSION AND ASSIGNMENT: I acknowledge receipt of the **Notice of Privacy Practices** and have had an opportunity to ask questions or voice concerns. **I voluntarily give my permission to receive the influenza vaccine.**

*DECLARACIÓN DE PERMISO Y ASIGNACIÓN: Acuso recibo del Aviso de prácticas de privacidad y he tenido la oportunidad de hacer preguntas o expresar inquietudes. Doy voluntariamente mi permiso para recibir la vacuna contra la influenza.*

I understand that payment for this service may be made in accordance with the provisions of Title XVIII of the Social Security Act (Medicare), and/or Title XIX of the Social Security Act (Medicaid) and **I authorize payment to the provider for such claim**. I understand that my insurance will be filed, and I am responsible for the balance. I have been given an opportunity to object to any of the above conditions.

*Entiendo que el pago de este servicio puede hacerse de acuerdo con las disposiciones del Título XVIII de la Ley del Seguro Social (Medicare) y/o el Título XIX de la Ley del Seguro Social (Medicaid) y autorizo el pago al proveedor por tal reclamo. Entiendo que mi seguro será archivado y yo soy responsable por el saldo. Se me ha dado la oportunidad de oponerme a cualquiera de las condiciones anteriores.*

*Signature Date*

**Revised 8/20/2024**

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| **For Provider Use Only: Billing Information** |

**MEDICARE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccine** | **CPT** | **ICD-10** | **Medicare Admin** |
| Fluzone Vaccine multi-dose vial **0.5mL** | 90658 | Z23 | G0008 |
| Influenza Vaccine – High dose ONLY | 90662 | Z23 | G0008 |

**PRIVATE INSURANCE ONLY**

|  |  |  |
| --- | --- | --- |
| **Vaccine** | **CPT** | **ICD-10** |
| Fluzone Vaccine multi-dose vial **0.5mL** | 90658 | Z23 |
| Fluzone Vaccine – High dose ONLY | 90662 | Z23 |
| Single Administrative Fee | 90471 |  |

**STATE SUPPLIED ONLY**

|  |  |  |
| --- | --- | --- |
| **Vaccine** | **CPT** | **ICD-10** |
| Influenza Vaccine - 0.5 mL (prefilled syringes) | 90656 | Z23 |
| Single Administrative Fee | 90471 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vaccine** | **Lot #** | **Site** | **Date** | **Provider Signature** |
| **Influenza** |  High Dose  Regular Flu  State Fluzone  |  Left deltoid Right deltoid Left Thigh Right Thigh |  |  |