

Northern Virginia Pediatric Associates, P.C.
Flu Vaccine 2011 / 2012 Flu Vaccine Policy
Please Read Prior to Signing Log Book

The American Academy of Pediatrics recommends immunizing against the flu for children ages 6 months to 18 years of age. **Persons with severe egg allergies will not be given the vaccination without a physician's written authorization.** More detailed information is available in the vaccination sheets published by the CDC. These sheets are attached and should be read before the flu vaccine is administered. Persons who are moderately or severely ill should wait until they recover before getting flu vaccine. If a child is under 9 years of age, and this is the first season of receiving the flu vaccine, 2 doses will be necessary; the 2nd dose must be given at least one month after the 1st dose. Please advise the nurse if this is the first time your child is receiving the flu vaccination and schedule an appointment for second dose.

Insurance and Payment Policy

We will file insurance for the flu vaccination for our patients only. Parents and caregivers are expected to pay at the time of service. A generic receipt will be given which may or may not be sufficient for your insurance or flex spending account. Please be advised that no further documentation will be given. The majority of insurance companies cover the flu vaccination. It is the parent's responsibility to know and understand their insurance policy. **We cannot reprocess previously filed claims in order to have future claims paid. Please check and sign below as to how you wish to have your child's flu vaccination processed.**

- Please file my child's flu vaccination, including administration of the vaccination and office visit charges, with our insurance company.
Sign and date _____

- I do not want to have my claim filed with our insurance company and will pay in full for the flu vaccination. I also understand that only receipt I will be given is a generic receipt which may or may not be sufficient for my flex spending account. I also agree not to file the claim on my own.
Sign and date _____

Parents, Grandparents and Caregivers

Northern Virginia Pediatric Associates will administer flu vaccine to parents and caregivers based on the availability of the vaccine. Should an unseen shortage occur, our patients will be given first priority over parents and caregivers. If you have any questions about the flu clinic vaccine options, speak to your doctor *prior to receiving the vaccination*.

Payment is due at the time of service. The practice is not responsible for reimbursement from your insurance carrier. A generic receipt will be given. Please note this receipt may or may not be sufficient for insurance filing or flex spending and no other documentation will be given.

Please sign below acknowledging that you agree to above terms and conditions.

Signature _____ Date _____

Print _____

Staff _____