



Rock Hill Pediatric Associates

Uncompromising Excellence. Commitment to Care.

Dear Parents,

It is very important that you contact your insurance company and inquire about your vaccine benefits. The state of South Carolina is transitioning to a Vaccine for Children (VFC) program effective July 1, 2011. Children will be eligible to receive VFC vaccine in our office if they meet the following criteria:

- Medicaid Enrolled
- American Indian or Alaskan Native
- Uninsured

Insured patients may only receive vaccine supplied by the state of South Carolina if they meet the following eligibility requirements:

- Insured Hardship — patient has a deductible greater than \$2000.00 which has not been met and the family cannot afford to pay for privately purchased vaccine
- A child whose insurance caps vaccine coverage at a certain amount is eligible after the coverage amount is reached. The child is then considered to be in the underinsured category
- A child whose insurance does not include vaccines

Children are not eligible for VFC or state supplied vaccine if they have health insurance that covers vaccines. This **includes** those with deductible plans that are less than \$2000.00. If you feel that you meet the above eligibility requirements please make the staff aware prior to the administration of vaccines.

Sincerely,

Rock Hill Pediatric Associates



South Carolina Vaccine Assurance For All Children Patient Eligibility Screening Record Form

Child's Name: _____ Date of Birth: _____
Last Name First Name MI

Provider: _____

A record must be kept in the healthcare provider's office that reflects the status of each child 18 years of age or younger or otherwise eligible, who receives immunizations through the South Carolina Vaccine Assurance For All Children (VAFAC) Immunization Partnership. The record may be completed by the parent, guardian or individual of record, or by the healthcare provider. This same record may be used for all subsequent visits as long as the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

Eligibility Screening Status (Referring to the key below, select one eligibility screening status per entry.)					Signature of parent or guardian	Date of Screening
Medicaid	Uninsured	American Indian or Alaskan Native	Underinsured ¹	Insured (Not eligible for SC VAFAC [DHEC] vaccine)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

¹ **Underinsured:** A child who has commercial (private) health insurance but the coverage does not include vaccines, a child whose insurance covers only selected vaccines (i.e., Insurance does not cover vaccine to be administered making the child SC VAFAC-eligible for non-covered vaccines only), or a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Patient Eligibility Screening Record Form

Instructions for Completing

Purpose:

The purpose of the Patient Eligibility Screening Record Form is to provide a document, which can be used by DHEC and non-DHEC Vaccines Assurance For All Children (VAFAC) providers, to record the patient's eligibility status to receive VAFAC vaccine. The completed form becomes part of the patient's record and is kept on file by the VAFAC provider.

Item-By-Item Instructions:

1. Complete the Child's Name, Date of Birth and Provider.
2. Screen for eligibility at each visit by placing a check in the appropriate column. The child is SC VAFAC vaccine eligible if Medicaid, Uninsured, American Indian, Alaskan Native or Underinsured. If the child is Insured, the child is NOT eligible for SC VAFAC vaccine.
3. Signature of the parent or guardian.
4. Enter the date of screening.

Office Mechanics and Filing:

1. The Patient Eligibility Screening Record Form can be obtained by contacting the Immunization Division.
2. The completed Patient Eligibility Screening Record Form is filed in the child's medical record.