

Advanced Pediatrics, PLLC

FLU VACCINE WAIVER FOR NON-PATIENT 2023-2024

Date: ____ / ____ / ____ Name _____ DOB: ____ / ____ / ____

Age: ____ Allergies: _____ Current Medications: _____

First & last name of patient in our practice: _____ PCC #: _____

Diagnosis Code = Z23

Please note: We will bill the flu vaccine and administration fee to insurances we participate with. Please make sure the insurance information we have is up-to-date. If your insurance does not cover the flu vaccine you will be responsible for payment for services, out-of-pocket charge of \$40.

Accepted Insurance Plans

- Aetna: HMO, PPO, POS, and International
- Anthem Blue Cross Blue Shield, Anthem Health Keepers
- Carefirst Blue Cross Blue Shield, PPO, HMO
- Cigna PPO, HMO, Open Access
- Coventry Health
- Humana Tricare
- Innovation Health
- John's Hopkins Tricare
- Kaiser POS only (Flex-Plan)
- National Capital PPO
- One Health HMO, PPO, POS
- PHCS PPO, Mutual of Omaha
- United Healthcare: HMO, PPO, POS, Alliance, Mamsi, Optimum Choice, M.D.IPA

Plans Not Accepted

- Cigna Connect, Cigna Surefit (may self-pay if current patient)
- Kaiser: all other plans but POS
- Medicaid: Anthem Health Keepers Plus, Famis, CHIPS

Have you ever had?

- | | | |
|---|-----|----|
| • A serious allergic reaction to a previous flu vaccine? | YES | NO |
| • Guillain-Barré Syndrome GBS – a serious neurological condition? | YES | NO |
| • Is the person receiving this vaccine currently sick with fever? | YES | NO |

My signature below indicates I understand and agree to the terms of receiving my flu vaccine by Advanced Pediatrics and all the information stated on this questionnaire is true.

Signature of Parent/Guardian

Date