

Tuscarawas County Health Department

# Billing and Collection Standard Operating Guidelines

Medical Clinic and Alcohol and Addiction Program



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## Revision Table

Date	Revision	Responsible Party
April 10, 2018	Document Created	Health Commissioner/ Committee
April 11, 2018	Approved	Board of Health

**This standard operating guideline supersedes any previous billing and collection policies and is effective May 11, 2018.**

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## Tuscarawas County Health Department Payment Agreement Medical Clinic & Alcohol and Addiction Program

**Co Pays:** Are due at time of service. The Alcohol and Addiction Program reserves the right to reschedule your appointment if the co-pay is not paid at time of service.

**Self-Pay:** Unless the service is paid entirely by a third party, such as an insurance company, you are expected to pay any balance due. You **MUST** bring proof of income and complete the sliding fee discount application to be eligible for the sliding fee scale. Sliding fee discounts are only available to persons without insurance. Failure to complete the application or provide proof of income at the time of service will render you responsible for 100% of the service charges.

**Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal and State programs.

**Completion of Sliding Fee Discount Application:** The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize Tuscarawas County Health Department (TCHD) access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

**Eligibility:** Discounts will be based on income and family size only. TCHD uses the Census Bureau definitions of each.

1. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
2. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the

household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.

**Income verification for Sliding Fee Discount:** Applicants must provide one of the following: prior year 1040, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may only be used in special circumstances including patients enrolled in the reproductive health and wellness program (RHW). Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to TCHD's Health Commissioner or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

For Reproductive Health and Wellness patients only, TCHD cannot require proof of income and must rely on patient declaration of income if no other income verification is available in order to determine where the patient falls on the sliding fee scale. Eligibility for discounts for un-emancipated minors who receive confidential services is based on the income of the minor.

**Sliding Fee Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 250% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines.

**Voluntary Donations:** Donations are accepted regardless of placement on the sliding fee scale.

**Nominal Fee:** Clinic patients receiving a full discount will be assessed a \$20 nominal charge per visit. However, patients will not be denied services due to an inability to pay. If unable to pay at time of service the patient's account should be billed accordingly. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

Alcohol and Addiction Program: clients receiving a full discount will be assessed a \$20 nominal charge per visit; not to exceed \$20 per week in charges.

**Sliding Fee Discount Applicant Notification:** The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with TCHD.

**Insurances:** If you want TCHD to process your claim you MUST bring in proof of insurance at the time of service. If you do not provide this verification, you will be responsible for 100% of the cost of services.

**Please Note: Any service not covered by your insurance will be your responsibility.**

**Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, TCHD can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient collections efforts.

**Collections Practices:** In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Billing and Collections Policy, TCHD or their third party billers may engage in collection activities to collect outstanding patient balances.

Accounts with uncollected balances greater than 90 days will enter the internal collections process which includes formal letters at 90 and 120 days. No letters should be sent to reproductive health and wellness patients with no contact agreements.

If no response is received the account is forwarded to outside collection agencies.

**Fees for Service:** Alcohol and Addiction clients will be provided with a list of fees for services. Medical clinic patients may request estimated fees for service at any time.

\_\_\_\_\_ I agree to notify TCHD of any changes in my financial status if I have been deemed eligible for the sliding fee discount.

\_\_\_\_\_ I agree to notify TCHD of any changes to insurance coverage, if applicable.

\_\_\_\_\_ I acknowledge and understand the billing policies of TCHD as stated on this form.

\_\_\_\_\_ I acknowledge that I have had a chance to discuss the fee and payment policies and that I understand them.

\_\_\_\_\_ The cost for services has been explained to me and I understand that I am responsible for the fee set below.

\_\_\_\_\_ Private Insurance

\_\_\_\_\_ Co-Pay

\_\_\_\_\_ Consumer Pay

\_\_\_\_\_ % Sliding Fee

\_\_\_\_\_ Nominal Fee, if applicable

\_\_\_\_\_ Medicaid

\_\_\_\_\_ Medicare

<p><b>For AAP client use only:</b> _____ number of persons in the household</p>
---

\_\_\_\_\_ I acknowledge that lab services, including those performed by Lab Corp, may be offered on site but billing is separate, not by TCHD.

\_\_\_\_\_ I acknowledge that I have been given a copy of this form.

I hereby authorize payment directly to TCHD of the insurance benefits otherwise payable to me; and if the insurance company reimburses me directly, I understand that I will be billed for that amount. I further understand that I will be responsible for payment of 100% of my charges if I fail to cooperate with TCHD in securing and/or making payments. I hereby authorize the release of dates of service, diagnosis and other information (which may include treatment for alcohol or drug abuse) required to process this claim.

Signature of Consumer/Person Financially Responsible \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## **I. Co-Pays & Full Payments**

All co-pays are due at time of service.

Full payment is required at time of service for uninsured adult vaccinations. Vaccines are not eligible for the sliding fee discount.

For Reproductive Health and Wellness patients only: Insured patients whose family income is at or below the 250% federal poverty level should not pay more (in copayments and additional fees) than what they would otherwise pay when the schedule of discounts is applied.

## II. Sliding Fee Discount Program

- a. POLICY: To make available discount services to those in need.
- b. PURPOSE: This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical/ counseling services (Uninsured or Underinsured).

Tuscarawas County Health Department Medical Clinic and Alcohol and Addiction Program (TCHD) will offer a Sliding Fee Discount Program to Tuscarawas County residents who are unable to pay for their services, after all other payment options are exhausted (insurance). TCHD will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines, are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

- c. PROCEDURE: The following guidelines are to be followed in providing the Sliding Fee Discount Program.
  - i. Notification: TCHD will notify patients of the Sliding Fee Discount Program by:
    - 1. Notification of the Sliding Fee Discount Program will be offered to each patient/client upon admission.
    - 2. An explanation of our Sliding Fee Discount Program and our application form are available on TCHD's website.
    - 3. TCHD places notification of Sliding Fee Discount Program in the waiting area.
  - ii. All patients seeking healthcare at TCHD are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay.
  - iii. Alcohol and Addiction Program (AAP) client accounts will be reviewed on a monthly basis to ensure that payment plans are in place and clients are in good financial standing.

- iv. Request for discount: Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic and AAP visits. Information and forms can be obtained from TCHD's Receptionist.
- v. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.
- vi. Alternative payment sources: All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal and State programs.
- vii. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize TCHD access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately. See attached application.
- viii. Eligibility: Discounts will be based on income and family size only. TCHD uses the Census Bureau definitions of each.
  - 1. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
  - 2. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts,

educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.

- ix. Income verification: Applicants must provide one of the following: prior year 1040, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may only be used in special circumstances including patients enrolled in the reproductive health and wellness program (RHW). Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to TCHD's Health Commissioner or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.
  1. For Reproductive Health and Wellness patients only, TCHD cannot require proof of income and must rely on patient declaration of income if no other income verification is available in order to determine where the patient falls on the sliding fee scale. Eligibility for discounts for un-emancipated minors who receive confidential services is based on the income of the minor.
- x. Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 250% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines.
- xi. Voluntary Donations: Donations are accepted regardless of placement on the sliding fee scale.

- xii. Nominal Fee: Clinic patients receiving a full discount will be assessed a \$20 nominal charge per visit. However, patients will not be denied services due to an inability to pay. If unable to pay at time of service the patient's account should be billed accordingly. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.
  - 1. Alcohol and Addiction Program: clients receiving a full discount will be assessed a \$20 nominal charge per visit; not to exceed \$20 per week in charges.
  
- xiii. Waiving of Charges: In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by TCHD's Health Commissioner or their designee. Any waiving of charges should be documented in the patient's/client's file along with an explanation (e.g., ability to pay, good will, health promotion event). See attached charge wavier form.
  
- xiv. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with TCHD.
  - 1. Failure to produce income verification and/or application will deem the individual at 100% pay. Should the required documentation be presented subsequent to the service the discount will not be applied to past services but does not preclude the discount application to future service costs.
  - 2. Sliding Fee Discount Program applications cover patient balances from the application approval date for any balances incurred within 12 months, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant

reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

- xv. Refusal to Pay: If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, TCHD can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient collections efforts.



## Tuscarawas County Health Department

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### Sliding Fee Discount Application

It is the policy of TCHD's Healthcare Clinic and Alcohol and Addiction Program to provide essential services. Discounts are offered based on family size and annual income. Please complete the following information and return to the appropriate department to determine eligibility.

The discount will apply to all services received at this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes. Immunizations are not included in the sliding fee discount program.

**Applicant Name:** \_\_\_\_\_

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

**SSN:** \_\_\_\_\_

<b>Name of Head of Household</b>	<b>Place of Employment</b>
<b>Address</b>	<b>Phone Number</b>

Please list spouse, any related persons living in the household, and any dependents under the age of 18

Name	Date of Birth

**Annual Household Income**

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

**NOTE: Copies of tax returns, pay stubs, or other information verifying income is required before a discount is approved.**

**I certify that the family size and income information shown is correct. Date: \_\_\_\_\_**

**Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_**

**\*\*\*\*\*Office Use Only\*\*\*\*\***

Patient/Client Name: \_\_\_\_\_

Chart Number: \_\_\_\_\_

Sliding Fee Determination: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Copy of Application and Approval provided to Individual on (date): \_\_\_\_\_

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year 1040, two most recent pay stubs, or other		

### **III. Bad Debit**

- a. Purpose: An efficient billing and collection system must be established that will maximize the collection of patient accounts receivable balances in order to provide the cash flow required to sustain practice at TCHD effectively.
- b. Procedure: These collection procedures apply to all accounts. All rejected third parties will be classified as self-pay until such time further insurance is verified.
  - i. Statement and credit letters are generated by TCHD's third party billers. Minor balances of under \$5.00 should be automatically written off 30 days after patient/client receives bill if no response is received by the patient/client.
  - ii. Accounts with balances less than \$20.00 will be classified as bad debt and collection should be kept "in house". This means that as the patient/client returns billing clerks should attempt to collect on bad debt at every encounter. Balances over \$20.00 will be subject to regular collection according to the third-party billing entity.

### **IV. Collection Procedure**

After our patients have received services, it is the policy of TCHD to bill patients and applicable payers accurately and in a timely manner. During this billing and collections process, staff will provide quality customer service and timely follow-up, and all unpaid accounts will be handled in accordance with the IRS and Treasury's 501(r) final rule under the authority of the Affordable Care Act.

- a. Purpose: It is the goal of this policy to provide clear and consistent guidelines for conducting billing and collection functions in a manner that promotes compliance, patient satisfaction, and efficiency. Through the use of a third party biller, billing statements, written correspondence, and phone calls, TCHD will make diligent efforts to inform patients of their financial responsibilities and available financial assistance options, as well as follow up with patients regarding outstanding accounts.
- b. Definitions
  - i. Internal collections: at least two formal letters are sent and made to the responsible party when an account remains past due. If those

actions do not produce a response, further action will be taken according to conditions set forth.

- ii. External collections: After all resources have been exhausted, remaining account balances may be turned over to an outside collection agency.

c. Procedures:

- i. Insurance Billing: Please note that it is the patient/ clients' responsibility to know their insurance benefits and coverage prior to their services at TCHD. All required referral(s) or authorizations must be secured prior to services. If you have questions regarding your financial responsibility or coverage of services at TCHD, please contact your insurance carrier in advance of services.
  - 1. For all insured patients, TCHD's third party biller will bill applicable third-party payers (as based on information provided by or verified by the patient) in a timely manner.
  - 2. If a claim is denied (or is not processed) by a payer due to an error on our behalf, TCHD will not bill the patient for any amount in excess of what the patient would have owed had the payer paid the claim.
  - 3. If a claim is denied (or is not processed) by a payer due to factors outside of our organization's control, staff will follow up with the payer and patient as appropriate to facilitate resolution of the claim. If resolution does not occur after prudent follow-up efforts, TCHD may bill the patient or take other actions consistent with current regulations and industry standards.
- ii. Patient Billing: All uninsured patients will be billed directly and timely, and will receive a statement as part of the organization's normal billing process. However, Reproductive Health and Wellness patients that have entered into a no contact agreement will be handed a bill, rather than mailed.
- iii. All patients may request an itemized statement for their accounts at any time.
- iv. If a patient disputes his or her account and requests documentation regarding the bill, staff members will provide the requested documentation.

- v. TCHD may approve payment plan arrangements for patients who indicate they may have difficulty paying their balance in a single installment.
  - vi. The Health Commissioner or his or her designee have the authority to make exceptions to this policy on a case-by-case basis for special circumstances.
  - vii. TCHD is not required to accept patient-initiated payment arrangements and may refer accounts to a collection agency as outlined below if the patient is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.
- d. Collections Practices: In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Billing and Collections Policy, TCHD or their third party billers may engage in collection activities to collect outstanding patient balances.
- i. General collection activities may include follow-up calls and statements.
  - ii. Patient or client balances may be referred to a third party for collection at the discretion of TCHD to include reporting unpaid debts to credit reporting agencies and /or credit bureaus.
  - iii. TCHD will maintain ownership of any debt referred to debt collection agencies, and patient accounts will be referred for collection only with the following caveats:
    1. There is a reasonable basis to believe the patient owes the debt.
    2. All third-party payers have been properly billed, and the remaining debt is the financial responsibility of the patient.
    3. TCHD will not refer accounts for collection while a claim on the account is still pending payer payment. However, TCHD or their third party biller may classify certain claims as “denied” if such claims are stuck in “pending” mode for an unreasonable length of time despite efforts to facilitate resolution.
    4. TCHD will not refer accounts for collection when the claim was denied due to a TCHD error. However, TCHD may refer

the patient liability portion of such claims for collection if unpaid.

5. TCHD will not refer accounts for collection where the patient has submitted a completed application for financial assistance (provided the patient has complied with the timeline and information requests delineated during the application process).
6. Accounts with uncollected balances greater than 90 days will enter the internal collections process which includes formal letters at 90 and 120 days. No letters should be sent to reproductive health and wellness patients with no contact agreements.
7. If no response is received the account is forwarded to outside collection agencies.

## **V. Deceased Patient Collection**

TCHD is notified of the death of a patient through many sources: newspapers, relatives, attorneys, etc. A copy of the death certificate and/or obituary will be required if unable to confirm death through newspaper and/or courts online. The patient's accounts (including bad debt) are documented of the death, expire date and confirmation of a surviving spouse.

- a. Surviving Spouse: If there is a surviving spouse, replace deceased patient with surviving spouse as the guarantor.
- b. No Surviving Spouse:
  - i. Probate Identified: A claim and duplicated copy for total balances greater than \$1,000.00 will be filed with the clerk of court of the county in which the will was probated within 120 days of the second publication. Account is documented of such activity. If no payment received on balances filed to the clerk of court after 90 days, balances will be adjusted. Account is documented of such activity.
  - ii. Balances under \$1,000.00 will continue to be monthly billed for 90 days. If no payment received, balances will be adjusted. Account is documented of such activity.

## **VI. Health Insurance Waiver**

- a. Patients/Clients have the right to opt out of using health insurance coverage at any time. However if the individual chooses to waive, they no longer eligible for the sliding fee scale and will be 100% responsible for any charges accrued during that visit. The sliding fee scale is reserved for individuals who do not have health insurance.



# Tuscarawas County Health Department

## Patient Wavier of Health Insurance Coverage

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I understand that I have the right to opt out of using my health insurance coverage at any time. I further understand that if I have health insurance that I choose to waive, I am no longer eligible for the sliding fee scale and will be responsible for any charges accrued during that visit.

Date of service for which I choose to waive my health insurance coverage:

---

Patient's Printed Name: \_\_\_\_\_

Signature of person financially responsible for charges accrued:

---

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **VII. Charge Wavier**

In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by TCHD's Health Commissioner or their designee. Any waiving of charges should be documented in the patient's/client's file along with an explanation (e.g., ability to pay, good will, health promotion event).



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## Charge Wavier Form

Client/Patient Name: \_\_\_\_\_

Client/Patient Chart Number: \_\_\_\_\_

On this date, \_\_\_\_\_, it has been determined that the above patient/client has been made eligible for one the following charge reduction options:

\_\_\_\_\_ A reduction in charge from \_\_\_\_\_ to \_\_\_\_\_

for the following service dates \_\_\_\_\_

\_\_\_\_\_ No fee for service for the effective dates \_\_\_\_\_

This decision was made based upon the following information/circumstances:

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

*Copies of this form must be placed in the patient/client's file and provided to the third party billing company. The patient/client should receive a final copy of the determination.*

## **VIII. Vaccine for Children Program**

- A. Individuals who are eligible for the vaccine for children program (VFC) include:
  - a. Medicaid eligible and Medicaid enrolled children
  - b. Uninsured children
  - c. American Indian or Alaska Native children
  - d. Underinsured children (This is defined as a child who has health insurance but the coverage does not include vaccines or only some vaccines)
  
- B. The above individuals are eligible to receive each vaccine at a cost of \$21.00 per shot.
  
- C. Children whose health insurance covers the cost of vaccines are not eligible for VFC vaccines, even when a claim for the cost of the vaccine is billed to the insurance deductible.