

BLUE FISH

P E D I A T R I C S

www.bluefishmd.com

Texas Vaccines For Children (TVFC) Disclaimer

As a service to our patients, our office participates in the Vaccines For Children (VFC) program, which provides vaccines at no charge for those patients who meet the program's eligibility requirements.*

A patient who meets any one of the following requirements is eligible and automatically **qualifies** for the VFC program:

- is enrolled in Medicaid
- is enrolled in Children's Health Insurance Plan (CHIP)
- does not have health insurance
- is underinsured (has health insurance that DOES NOT pay for vaccines**, has a co-pay or deductible the family cannot meet, or has insurance that provides limited wellness or prevention coverage)
- is an American Indian
- is an Alaskan Native

* Pneumococcal conjugate vaccine (also known as Prevnar) will NOT be provided for patients who are underinsured.

** Overseas travelers insurance policy holders (e.g. AIU) are considered underinsured.

If your child meets any of the requirements listed above, please complete, sign, and return the TVFC Patient Eligibility Screening Record to our front office staff instead of this disclaimer form. **The TVFC Patient Eligibility Screening Record form must be completed and signed for EACH child that is eligible for the VFC program.**

If your child **DOES NOT** meet any of the requirements listed above, please sign below and return this disclaimer form to our front office staff.

Please be aware that if your child does not meet the VFC requirements and your insurance does not cover the cost of the vaccination(s), you will be responsible for payment.

There are 4 public health clinic locations in the city of Houston that provide all necessary vaccinations for a nominal fee. Please let us know if you need this information.

Disclaimer

I have read and understand the VFC information above. By signing below, I acknowledge that my child is **not qualified** for Texas Vaccine for Children (TVFC) program.

Full Name of Child (PLEASE PRINT)

Name of Parent / Guardian (PLEASE PRINT)

Signature of Parent / Legal Guardian

Date