

# Childhood Immunization Schedule

Childhood Immunizations	Birth	2m	4m	6m	12m	18m	4 years (kindergarten)	11 years (seventh)
Hep B (90744)	•	•		•				
Rotarix *(90681)		•	•					
Dtap (90700)		•	•	•	•		•	
Hib (90648)		•	•	•	•			
PCV *(90670)		•	•	•	•			
Polio (90648)		•	•	•			•	
MMR (90707)					•		•	
Varivax (90716)					•		•	• ◦
Hep A *(90633)					•	•	• ◦	• ◦
Tdap (90715) adacel								•
Menactra * (90734)								•
HPV * (90649) Gardisil								•

\* Recommended but not state required vaccines

◦ Only if child has not received 2 doses

Some of these vaccinations may be given as a combination shot: **Pentacel (90698)** Dtap, Polio, Hib

**Pediarix (90723)** Dtap, Polio, Hib    **Kinrix (90696)** Dtap, Polio

**Influenza\***: 6m-35m (90655) & 3+ (90658) Recommended every year beginning 6 months of age

**Insurance Questionnaire:** (The number to call will be located on the back of your insurance card. Please have this card present when calling for immunization benefits. Patient's date of birth as well as the insured's date of birth and or social security number may be needed.) **THIS QUESTIONNAIRE WILL NEED TO BE TURNED IN BEFORE SERVICES CAN BE RENDERED. PATIENT WILL BE RESCHEDULED IF QUESTIONNAIRE IS NOT COMPLETED BEFORE THEIR APPOINTMENT.**

- Name of the person from Member Services and or reference # \_\_\_\_\_.
- Is my insurance company in-network with Van Wert County Health District/Dept (Tax Id 34-6401507)? YES or NO
- Does my insurance cover immunizations? YES or NO (Be sure to give specific CPT codes; especially if it is a recommended vaccination. Most in-network insurance companies will state that they pay 100% of preventative/required immunizations but this may not cover all vaccinations on the above immunization schedule.

90744 \_\_\_\_\_    90648 \_\_\_\_\_    90707 \_\_\_\_\_    90715 \_\_\_\_\_    90655 \_\_\_\_\_    90698 \_\_\_\_\_

90681 \_\_\_\_\_    90670 \_\_\_\_\_    90716 \_\_\_\_\_    90734 \_\_\_\_\_    90658 \_\_\_\_\_    90696 \_\_\_\_\_

90700 \_\_\_\_\_    90713 \_\_\_\_\_    90633 \_\_\_\_\_    90649 \_\_\_\_\_    90723 \_\_\_\_\_

- Do I have a deductible to meet? \_\_\_\_\_ Does this apply to immunizations? \_\_\_\_\_
- Does my insurance have a cap or maximum benefit for immunizations? YES or NO If so what is my cap? \_\_\_\_\_  
How much have I met of my maximum benefits year to date? \_\_\_\_\_

**Only those with Commercial Insurance as primary need this form completed.**