

Vaccine Waiver for Additional Administration – Financial Policy

Patient Name: _____

Date of Birth_____

Please initial below:

_____ This early dose does *not* count toward the regular dose schedule.

_____ My child will still need two additional doses per CDC schedule

_____ Insurance may not cover extra doses of the vaccine.

_____ Receiving this early dose could result in dose (now) not being covered, or future dose not being covered

- To avoid possible insurance denials, you may choose to pay out-of-pocket for the early dose now and not bill it to insurance.

Pricing Information:

The out-of-pocket price for the MMR vaccine today is \$110.00. However, this may not reflect the amount your insurance is billed or reimburses. If we bill your insurance, the final cost may differ based on your plan's contracted rates, coverage policies, or payment decisions.

Billing Preference:

Please select one of the following options:

Pay out-of-pocket \$110.00, (do not bill insurance)

Bill insurance (understanding coverage is not guaranteed)

Consent & Acknowledgment:

I acknowledge the above information regarding early MMR vaccination and insurance coverage. I understand that by choosing to vaccinate now, I may be responsible for the cost of this dose or a future dose if insurance denies coverage. I agree to pay the amount listed above if I elect not to bill insurance.

Parent/Guardian Name (print): _____

Date: _____

Relationship to child: _____

Signature: _____