

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.