

Provider Profile

San Antonio Vaccines for Children Program

Date: _____

VFC Code: _____

All public and private health care providers approved by the San Antonio Metropolitan Health District (SAMHD) for participation in the Vaccines for Children Program (VFC) must complete this form. This document provides shipping information and helps the SAMHD determine the amount of vaccine to be supplied through the VFC program. The form also may be used to compare estimated vaccine needs with actual vaccine supply. The SAMHD Immunization Division must keep this record on file with the "Provider Enrollment" form. The Provider Profile form must be updated annually or more frequently if: (1) the clinic population estimates or VFC eligibility estimates change, and/or (2) the status of the facility changes (e.g., a practice is sold, and/or private provider becomes an agent of a Federally Qualified Health Center).

Clinic/Practice Name: _____

or

Provider Name: _____

Last Name

First Name

MI

Contact Name (s): _____

Last Name

First Name

MI

Type of Facility (***please check only one box***):

- 10 Public Health Department 11 Public Hospital 12 Other Public
- 13 Federally Qualified Health Center or Rural Health Clinic (***check here if an agent of a FQHC or RHC for the VFC program***)
- 20 Private Practice (Individual or Group) 21 Private Hospital 22 Other Private

Total Clinic Population

For the 12-month period beginning today , estimate the number of children in your clinic/practice who will receive any vaccinations.	Total patients < 1 year old in your clinic	Total patients 1– 6 years old in your clinic	Total patients 7–18 years old in your clinic	Total in your clinic

VFC Eligible (VFC vaccine is only to be used for those eligible children as outline below)

Of the Total Clinic Population above, how many patients fall into each of the four categories below: <i>Do not count a child in more than one category.</i>	Total VFC Eligible patients < 1 year old in your clinic	Total VFC Eligible patients 1-6 years old in your clinic	Total VFC Eligible patients 7-18 years old in your clinic	Total in your clinic
Enrolled in Medicaid:				
Without health insurance:				
American Indian or Alaskan Native:				
Underinsured: <small>(Immunizations not covered by insurance)</small>				
Total VFC Eligible:				

CHIP Eligible (You will receive non-VFC vaccine for these children)

Of the Total Clinic Population above, how many children are expected to be eligible for CHIP?	Total CHIP Eligible patients < 1 year old in your clinic	Total CHIP Eligible patients 1-6 years old in your clinic	Total CHIP Eligible patients 7-18 years old in your clinic	Total in your clinic



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