

# 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: 123 Pediatric Clinic

or  
 Provider Name: Dr. Doe Jane P.

Last Name First Name MI

Contact Name (s): Immunizations Nurse

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

**Add across rows and down columns**

<b>Total Clinic Population</b>				
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
	50 +	40 +	40	= 130
<b>VFC Eligible</b> – If your <b>Total Clinic Population</b> is equal to your <b>VFC Eligible</b> total, it will be assumed that 100% of your patients are VFC eligible.				
Of the <b>Total Clinic Population</b> 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
<b>Enrolled in Medicaid:</b>	10 +	5 +	5	= 20
<b>Without health insurance:</b>	9 +	6 +	6	= 21
<b>American Indian or Alaskan Native:</b>	0 +	0 +	0	= 0
<b>Underinsured:</b> <small>(Immunizations not covered by insurance)</small>	2 +	2 +	+ 5	= 9
<b>Total VFC Eligible:</b>	21	13	16	50
<b>CHIP Eligible</b>				
Of the <b>Total Clinic Population</b> 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 < 1 year old in your clinic	Total in your clinic
	0	0	5	5