

**VIRGINIA DEPARTMENT OF HEALTH
INFORMED CONSENT FOR SPECIAL HEALTH SERVICES
CHICKAHOMINY Health District**

PATIENT INFORMATION:

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Marital Status: _____

Race: _____ Sex: Male Female Social Security #: _____ - _____ - _____

Medicare #: _____ - _____ - _____ Part B Railroad Part B Self Pay

Medicaid #: _____ Medicaid HMO: _____ # _____

We do not accept Medicare Advantage HMO Plans. Patient will be self pay.

I hereby authorize the Physicians, Nurses, Nurse Practitioners, and/or other medical care providers of the Virginia Department of Health to examine and/or treat me and/or my dependent, as named above, with the following services/procedures: Influenza and/or Pneumococcal vaccine(s). I have been made aware of the risks and benefits associated with the procedure(s) and have been given the opportunity to ask questions.

The deemed consent for HIV and Hepatitis B and Hepatitis C exposure

If one of our health care professionals, workers, or employees should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for infection with human immunodeficiency virus ("HIV", the "AIDS" virus) and for the presence of the Hepatitis B and Hepatitis C viruses. A physician or other health care provider will tell you and that person the result of the test and provide counseling, if necessary.

If you should be directly exposed to blood or body fluids of one of our health care professionals, workers or employees in a way that may transmit disease that persons blood will be tested for infection with human immunodeficiency virus ("HIV" the "AIDS" virus) and for the presence of the Hepatitis B and Hepatitis C viruses. A physician or other health care provider will tell you and that person the result of the test and provide counseling, if necessary.

The deemed consent for HIV and Hepatitis B and Hepatitis C exposure has been explained to me, and I understand it.

YES _____ NO _____

Signature of Patient, Parent/Legal Guardian or Person Acting in Loco Parents

Date

Relationship (if signature is not of patient)

Statement to Permit Payment of Medicare Benefits to Provider, Physician and Patient

"I request that payment of authorized Medicare benefits be made on my behalf to the Hanover Health District for any services furnished me by that physician/provider. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services."

Signature of Patient

Date

FOR OFFICE USE ONLY

CLIENT # _____ SUB-PROGRAM: IM Flu and Pneumonia

PAY SOURCE: Medicare Medicaid Railroad Medicaid HMO Self Pay: Cash Check # _____

DIAGNOSIS: V04.81Flu V03.82 Pneumococcal Manual Receipt # _____ (if applicable)

DIAGNOSIS: V06.6 USE WHEN THE PURPOSE OF THE VISIT IS TO RECEIVE BOTH VACCINES (FLU & PNEU.)

FOR MEDICARE and MEDICARE RAILROAD

AFTER KEYING THE IMMUNIZATION YOU MAY NEED TO KEY THE ADMINISTRATION CODE (G0008 OR G0009) ON THE ENCOUNTER DETAILS SCREEN.

Code Description	Item Code	CPT Code	Price Exception	Site	Manufacturer/Lot #
FLU PRSV-FREE (Split) 6-35 months	FLU-PFP	90655	Medicare: FF		
FLU With PRSVR (Split) 6 months & >	FLU-SP	90658	Medicare: FF		
VVFC- PRSV-FREE 6 months to 35 months	FLU-PFP	90655	Medicare FF		
VVFC-with PRSVR 6 months to 18 yrs	FLU-SP	90658	Medicare FF		
Pneumonia	PPV23	90732	Medicare: FF		

FOR SELF-PAY After keying the immunization code make sure the price exception code for Flu is set to AF for Flat Fee and AS for Sliding Scale and for **PNEUMONIA** use price exception codes B1 for Flat Fee and B for sliding scale.
DO NOT KEY AN ADMIN. CODE.

FOR REGULAR MEDICAID Medicaid will not reimburse for Adult vaccines without a documented Medical reason therefore these patients need to see their PCP. Medicaid will reimburse for children's flu vaccines billing with exception code and 99211.

HMO's: Anthem HealthKeepers Plus Optima (Sentara) Carenet (So. Health) VA Premier

Private Anthem / BCBS: PAR/PPO

Bill vaccine code (change price exp to AR) and Key 90471 (change price exp to A)

Chickahominy Health District. Employees w/Cova Care

Bill vaccine code (change price exp to AR) and Key 90471 (change price exp to A)