

PNEUMONIA VACCINE CONSENT & REGISTRATION FORM revised 2/27/15

Medicare or Private Insurance (Blue Cross, Cigna, Humana, United Health Care, AvMed)

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STAFF IMPRINT
DATE OF SERVICE:

PLEASE PRINT ALL INFORMATION CLEARLY.

1	LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH-mo./day/yr.	SEX M F	AGE (yrs.)
	LOCAL MAILING ADDRESS	CITY	STATE	ZIP	PHONE NUMBER ()	

2 DO YOU GIVE PERMISSION TO SEND YOUR PRIMARY CARE DOCTOR A RECORD OF THIS SHOT? YES ___ NO ___ N/A ___
 IF YES, GIVE DOCTOR'S NAME & PHONE NUMBER: _____
 (If you have your doctor's business card or an appointment card with you we can copy it to obtain your doctor's contact information.)

3 Medicare covers both the Prevnar 13 and Pneumovax 23 pneumonia vaccines but requires the two vaccines to be given at least a year apart. If you had a pneumonia vaccine less than 1 year ago please inform our staff before taking a shot today.
 When was your last pneumonia vaccine? 5 or more years ago 2 to 4 years ago 1 year or more ago
 never had one not sure if I ever had pneumonia shot I've had a pneumonia shot but I don't remember when

4 CHECK ✓ THE BOX TO INDICATE WHICH PRIMARY INSURANCE YOU WANT US TO BILL FOR YOUR SHOT.
 MEDICARE B HUMANA MEDICARE PPO BLUE CROSS BLUE SHIELD UNITED HEALTH CARE
 CIGNA AVMED VILLAGES MEDICARE COMPLETE UNITED HEALTH CARE HMO
 OTHER INSURANCE*: _____ *Note: We accept Medicare Advantage PPOs, BUT NOT MOST MEDICARE HMO'S. If you have a Medicare HMO as your primary insurance, please ask our staff to verify your coverage for this vaccine up front or you may receive a bill from us later.

WHICH PNEUMONIA VACCINE(S) DO YOU NEED? The CDC recommends a once in a lifetime dose of a new pneumonia vaccine called Prevnar 13 for everyone over 65 including those who had the Pneumovax 23 pneumonia vaccine in the past. You will also need a dose of Pneumovax 23 if you have not had this vaccine after age 65. Persons under 65 may also need one or both of the 2 different pneumonia vaccines. We will gladly help you plan the timing of the 2 vaccines.

PNEUMONIA VACCINE BENEFITS AND RISKS

Pneumonia is a severe respiratory illness which can occur at any time of year. It can lead to hospitalization and even death. Pneumonia vaccine decreases your risk of catching pneumonia and other infections caused by certain strains of *streptococcus pneumoniae* germs. Although pneumonia vaccine may cause soreness, redness or swelling at the injection site, there are usually no side effects from this vaccine. If you currently have fever you should not take pneumonia vaccine until you recover from the fever. **IF YOU ARE ALLERGIC TO ANY OF THE INGREDIENTS IN PNEUMONIA VACCINES THEN YOU SHOULD NOT TAKE A PNEUMONIA SHOT. IF YOU ARE ALLERGIC TO DIPHTHERIA TOXOID CONTAINING VACCINES YOU SHOULD NOT TAKE PREVNAR-13.**

If you have a Medicare B plan or one of the commercial insurances listed above which covers your pneumonia shot, we will file an insurance claim for you. **If you do not have one of these insurance plans or if you have a Medicare HMO as your primary insurance, please ask our staff to verify your coverage for this vaccine up front or you may receive a bill from us later.**

FINANCIAL RESPONSIBILT Y I HAVE EITHER MEDICARE PART B, HUMANA MEDICARE PPO, A MEDICARE ADVANTAGE PLAN, OR ONE OF THE COMMERCIAL INSURANCES NAMED ABOVE AND I GIVE PERMISSION FOR MY INSURANCE TO BE BILLED FOR THIS VACCINATION. IF MY INSURANCE PLAN REFUSES TO COVER MY PNEUMONIA SHOT, THEN I WILL PAY FOR THE SHOT I RECEIVE. I HAVE READ THE RISKS & BENEFITS AND I CONSENT TO RECEIVE A PNEUMONIA SHOT.

➔ Signature _____

Sign here to acknowledge that our HIPAA privacy information was made available to you. If you would like a personal copy of our privacy policy to keep for your records, please ask our receptionist.

➔ Signature _____

WE ALSO GIVE FLU SHOTS, SHINGLES SHOTS & TRAVEL VACCINES! ASK OUR STAFF FOR ASSISTANCE.

STAFF MEMBERS ONLY TO WRITE IN THIS SECTION PLEASE.

Merck Pneumovax (for age 2 to 65+) Lot # _____ or **Pfizer Prevnar-13** (for age 50+) Lot # _____
 Expires ___/___/___ given by _____ date given ___/___/___ site: left deltoid ___ right deltoid ___