

IMMUNIZATIONS SUPERBILL

Date: _____ **Last Name:** _____ **First Name:** _____ **DOB:** _____

- 317 State Funded Vaccines (19+ Uninsured adult)
- Private Pay Adult Vaccines (select one) Medicaid Anthem RMHP United Other Insurance: _____
- Medicare* (we can only bill Medicare B and D for Pneumococcal and Flu, all others must pay out of pocket)
- Child with Insurance (0-18yrs) = We do not have routine vaccines for children with insurance (except Medicaid). Ask Clinic Manager for approval.
- VFC (0-18yrs Medicaid or No Insurance)

ADULT IMMUNIZATIONS				CHILD IMMUNIZATIONS			
90660	Hep A/B Combo (Twinrix)	PP (106)	Not Available	90700	Dtap		VFC
90632	Hepatitis A	PP (\$64)	317	90723	Dtap/Polio/Hep B (Pediarix)		VFC
90746	Hepatitis B	PP (\$73)	317	90698	Dtap/Polio/Hib (Pentacel)		VFC
90651	HPV 9 (Gardasil 9)	PP(\$225)	317	90696	DTaP/Polio (Kinrix)		VFC
90656	Influenza (19 y.o. & up)	PP (\$25)	317	90633	Hepatitis A	PP (\$49.00)	VFC
90662	Influenza High Dose (65 y.o. & up)	PP (\$55.00)	Not available	90746	Hepatitis B		VFC
90734	Meningococcal MCV4 (Menactra)	PP (\$147)	317	90648	HIB (ActHIB)		VFC
90707	MMR (Measles, Mumps and Rubella)	PP (\$99)	317	90651	HPV 9 (Gardasil) (9-18y.o.)		VFC
90713	Polio IPV	PP (\$56)	Not Available	90649	HPV 4 (Gardasil) (9-18 y.o.)		VFC
90732	Pneumococcal PPSV23 - (Pneumovax23)	PP (\$130)	317	90660	Influenza FluMist (2-49 y.o.)		VFC
90670	Pneumococcal PCV13 - (Prevnar 13)	PP (\$233)	317	90657	Influenza (6-36 mos.)		VFC
86580	TB - PPD Test	PP (\$30)	Not available	90658	Influenza (6mo-18 y.o.)		VFC
90715	Tetanus, Diphtheria, and Pertusis (Tdap)	PP (\$64)	317	90734	Meningococcal MCV4 (Menactra)		VFC
90714	Tetanus/Diphtheria (TD)	Not Available	317	90707	Meningococcal B (Bexero or Trumemba)		VFC
90716	Varicella (Varivax)	PP (\$153)	317	90710	MMR (Measles, Mumps and Rubella)		VFC
90736	Shingles (Zostavax)	PP (\$252)	Not available	90670	MMRV (Measles, Mumps, Rubella, and Varicella)		VFC
	Shinrix	Not Available	Not available	90670	Pneumococcal PCV13 (Prevnar13)		VFC
TRAVEL				OTHER SERVICES			
90738	Japanese Encephalitis	PP (\$323)	Not available	90713	Polio IPV		VFC
90690	Typhoid Oral	PP (\$140)	Not available	90680	Rotavirus (Rotateq5)		VFC
90691	Typhoid Injectable	PP (\$98)	Not available	90718	Tetanus/Diphtheria (TD)		VFC
90717	Yellow Fever	PP (\$151)	Not available	90715	Tetanus, Diphtheria, and Pertusis (Tdap)		VFC
90675	Rabies, IM	PP (\$295)	Not available	90716	Varicella (Varivax)		VFC
99401	Routine Office Visit-Short (Bill to insurance - Anthem, United, RMHP)	\$45.00	F/U \$25		Update/Print Immunization record	\$5.00	
99402	Routine Office Visit-Long	\$75.00					
99403	Travel Immunization Visit	\$45.00					

Provider: Jo Deb Other: