

**All our Flu  
Vaccinations are  
Preservative-Free!**

# TOUCHPOINT

PEDIATRICS, P.A.

## 2020-2021 FLU SEASON VACCINE INFORMATION SHEET

Patient Name: \_\_\_\_\_  
Name Date of Birth

- Fluzone (the "flu shot") is recommended for virtually all people aged six months and older. Children's household contacts, out-of-home caregivers, and anyone who will be pregnant during the flu season is advised to get the vaccine.
- Children under nine years who are receiving Flu immunization for the first time, should receive two doses at least one month apart.

**I am refusing the flu vaccine on behalf of my child and fully understand the risks to my child and community.**

By signing below, I acknowledge I read the Vaccine Information Sheet. /my child is healthy and does not have any condition that would prevent receiving Fluzone.

**Parent/Patient Please Check:**

**FLUZONE**

- Patient did **NOT** have a severe reaction     Patient has **NOT** had Guillain-Barre Syndrome     Patient is **NOT** ill     Patient has **NO** fever to previous flu vaccine.

**\*\*\* If you have any concerns about illness or immunizations, please make an in-office visit with one of our doctors \*\*\***

**FOR PATIENT:**

I understand the medical risks as stated above and that my insurance may not cover the Fluzone. Touchpoint Pediatrics will submit the charges to my insurance company for reimbursement. **IN THE EVENT IT IS NOT COVERED, I AGREE TO PAY TOUCHPOINT PEDIATRICS IN FULL FOR THE FLU VACCINE & ADMINISTRATION.**

\_\_\_\_\_  
Parent/Guardian Signature Printed Parent/Guardian Name Date

**FOR OTHER FAMILY MEMBERS:**

I understand the medical risks as stated above and that I have the option to receive the Fluzone through my Primary Care Physician, and my Insurance may pay for it. Instead, I choose to have the vaccine administered by Touchpoint Pediatrics. I will pay in full. In the event my Insurance covers the vaccine, I agree to accept their payment. **I WILL NOT BE REIMBURSED THE DIFFERENCE BETWEEN WHAT MY INSURANCE COMPANY PAYS AND WHAT TOUCHPOINT PEDIATRICS CHARGES.** I received a copy of the Vaccine Information Statement. I understand if I have any complications or side effects, I will go to my own doctor.

\_\_\_\_\_  
Patient Signature Printed Patient Name Date

**\*\*\*OFFICE USE ONLY\*\*\***

**Administered:** Lot Number: \_\_\_\_\_

- ICD-10:**  Z23 INFLUENZA PROPHYLAXIS     P07.30 PREMATUREITY     Q24.9 CONGENITAL ANOMALIES HEART UNS     Z33.1 PREGNANCY  
 E11.9 TYPE 1 DM UNCOMP     E10.9 TYPE 2 DM UNCOMP     Z20.828 EXP TO OTHER VIRAL ILLNESS     J45.909 UNS ASTHMA UNCOMP

**CPT:**  **Preservative-Free QUAD** Fluzone 0.5 (>3yo) (90686)                       **Preservative-Free QUAD** Fluzone 0.25 (90685)

**Admin Code:**  90460 IMM ADMIN<18YO                       90471 IMM ADMIN>18YO

\_\_\_\_\_  
Clinician Date

<p><b>AMOUNT PAID</b> _____</p> <p>DATE: _____ <input type="checkbox"/> CHECK _____</p> <p><input type="checkbox"/> CREDIT CARD    <input type="checkbox"/> CASH</p>
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**\*\*\* MUST FILL OUT ONE SHEET FOR EACH VACCINE GIVEN \*\*\***

17 Watchung Avenue • Chatham, NJ 07928 • Phone 973.665.0900 • Fax 973.665.0901