

# D.C. Minor Consent for Vaccination Notification Form

PATIENT/SUBSCRIBER INFORMATION		
Subscriber Last Name	First Name	MI
Patient Last Name	First Name	MI
Member ID Number	Group ID	Date of Birth (mm/dd/yyyy) / /

PRESCRIBING PROVIDER INFORMATION		
Practice Name	Provider Name	
Address		
City	State	ZIP
Rendering NPI#	Contact Phone Number	
Contact E-Mail		

VISIT INFORMATION
Date of Service (mm/dd/yyyy) / /
<p>In order to suppress the corresponding vaccination claim and Explanation of Benefits, CareFirst requires the submission of this notification form along with the appropriate paper claim form:</p> <ul style="list-style-type: none"> <li>Professional claims—please use the current version of the CMS-1500 form (version 02/12) on original red-ink-on-white-paper.</li> <li>Institutional claims—please use the current version of the UB-04 form.</li> </ul>

HOW TO FILE CLAIMS FOR UNACCOMPANIED VS. ACCOMPANIED MINORS	
<p><b>Unaccompanied minor:</b> please check this box if a parent/guardian was <b>not</b> present at the time of the visit.</p> <p><i>Claims Billing Instructions:</i> If the minor attended the visit without a parent/guardian present, please send the D.C. Minor Consent for Vaccination Form plus the appropriate paper claim form (listed above) to the following address for proper payment and suppression: <b>CareFirst BlueCross BlueShield, Privacy Office, PO Box 14858, Lexington KY 40512.</b></p>	<p><b>Accompanied minor:</b> please check this box if a parent/guardian <b>was present</b> at the time of the visit but left at some point during the exam, at which point the minor consented to having a vaccine administered without parental knowledge.</p> <p><i>Claims Billing Instructions:</i> If the minor was accompanied by a parent/guardian, please submit the D.C. Minor Consent for Vaccination Form plus the appropriate paper claim form <b>only for the vaccination and administration of the vaccination</b> to the following address for proper payment and suppression: <b>CareFirst BlueCross BlueShield, Privacy Office, PO Box 14858, Lexington KY 40512.</b></p> <p><b>Please Note:</b> All other services rendered during this visit may be submitted on a separate claim form via the standard electronic process.</p>

ACKNOWLEDGMENT	
<p>I certify that the vaccination(s) described on the accompanying claim form were provided to the minor patient listed above. I have determined the patient capable of giving informed consent inherent to the vaccination(s) administered. Informed consent is defined as the ability to comprehend the need for, the nature of and any significant risks. The minor patient was provided with information on what to do in the event of an emergency or adverse reaction.</p>	
Signature	Date