

Smita Parikh Mengers, MD FAAP & Wendy R. VanBronkhorst, MD FAAP

Medicaid Insurance Verification

I, _____ Parent/Legal Guardian
of _____, certify that there is no
other commercial insurance policy or privately held insurance policy that covers the
child listed above. I understand that **withholding information about any other
insurance policies is considered fraud.** I understand that, if the insurance company
retracts payment because the child listed above does have other insurance, I am
responsible for payment. I understand that, if in the future, the insurance carrier
retracts payment for services rendered to my child for any reason, or if the insurance
carrier does not pay the charges, I am responsible for payment. I also certify that I have
chosen Dr. Mengers or Dr. VanBronkhorst as my child's primary care physician and
that I have made the insurance carrier aware of my choice.

Parent/Legal Guardian Name (Printed): _____

Parent/Legal Guardian Signature: _____

Date: _____

**Maryland
Vaccines for Children (VFC) Program
Patient Eligibility Screening Record**

The provider is not required to verify responses by the parent, guardian, or individual of record.

Date: _____

Child: _____
Last Name First Name MI

Date of Birth: _____

Parent/Guardian/
Individual of Record: _____
Last Name First Name MI

Health Care Provider: Dr. Mengers / Dr. VanBronkhorst

The provider's office must keep this form for each child (birth through 18 years of age) who receives immunizations through the Vaccines for Children (VFC) Program in Maryland in the patient's permanent medical record for six years. The health care provider or the parent, guardian, or individual of record may complete this form, and should complete a new form if the child's status changes. The provider may use this record for all subsequent visits as long as there is no change in the child's eligibility status.

This child qualifies for vaccination through the Maryland VFC Program because he/she (please check only one box):

- (a) Is covered by or enrolled in Medical Assistance or
- (b) does not have health insurance or
- (c) is Native American (American Indian) or Alaskan Native or
- (d) has health insurance that does not cover (pay for) vaccines