

TO: **All Users of State Supplied Vaccine**
FROM: **Mick Bolduc-VFC Coordinator**
Connecticut Immunization Program
DATE: **June 27, 2007**
SUBJECT: **Enrollment in VFC Program**

All public and private health care providers receiving state supplied vaccine are required to re-enroll with the Connecticut Immunization Program on a yearly basis. An updated **Provider Profile and Provider Agreement form must be completed and sent in to the Immunization Program by September 4, 2007 to continue receiving state supplied vaccine.** On the Provider Profile please pay special attention to the area that asks for a breakdown by age of the number of children in your practice enrolled in Medicaid, without health insurance, American Indian or Alaskan Native, and underinsured. These numbers help determine the amount of federal monies we receive to purchase vaccine so try to be as accurate as possible. As a reminder providers receiving vaccine from the Immunization Program cannot impose a charge for that vaccine but can charge an administration fee. To keep out of pocket costs to a minimum the administration fee should not exceed \$21.00 per dose. However, providers may bill in excess of the \$21 cap if an insurance company is willing to reimburse them above that amount. **If you have any questions on billing for vaccine received from the Immunization Program, please do not hesitate to contact me.**

The completed Provider Profile and signed Provider Agreement forms can be mailed or faxed back to us. Our fax number is (860) 509-8371.

Thank you for your cooperation during the re-enrollment process. If you have any questions, please contact me directly at (860) 509-7940.