

## PROVIDER ENROLLMENT AGREEMENT ADDENDUM

TO RECEIVE VACCINE FROM THE IDAHO IMMUNIZATION PROGRAM (IIP)  
AND THE VACCINES FOR CHILDREN (VFC) PROGRAM

June 2009

This is an addendum to the June 2008 Provider Enrollment Agreement  
and is valid until replaced by the IIP

Medical/Agency Director \_\_\_\_\_  
(Authorized to sign for practice/agency) Last First MI

Clinic/Practice/Agency: \_\_\_\_\_ VFC Pin #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

I understand that as of July 1, 2009, all remaining vaccines were provided by the IIP prior to June 30, 2009 may only be administered to VFC-eligible children.

I understand that as of July 1, 2009, all vaccines received from the IIP may only be administered to VFC eligible children.

I will administer state supplied (VFC-only) vaccines to children 0-18 years of age who meet one or more of the following categories:

- a. Is an American Indian or Alaska Native
- b. Is enrolled in Medicaid
- c. Has no health insurance
- d. Is underinsured: Children who have private health insurance but the coverage does not include vaccines, the coverage includes only selected vaccines (VFC eligible for non-covered vaccines), or children whose insurance caps vaccine coverage at a certain amount, once the coverage amount is reached, these children are categorized as underinsured. If I/my clinic have not signed a Delegation of Authority, underinsured children are eligible to receive non-universal vaccine only through a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or other clinic that has a signed Delegation of Authority.

*I certify that I have read and agree to the requirements listed above pertaining to participation in the Idaho State Vaccine and the federal Vaccines for Children Program.*

\_\_\_\_\_  
Provider Signature (person authorized to sign for practice/clinic/corporation) Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_  
Department of Health and Welfare  
Jane S. Smith  
Administrator  
Division of Health