

COVID 19 Vaccine Administration Information Sheet

Thank you for choosing our office. The federal government mandated COVID 19 vaccine is given at no cost to the American people. However, vaccination providers are able to receive an administrative fee for the work involved in handling, storing and injecting the vaccine. For us to submit to your insurance, please provide a copy of your insurance card and complete the following information. You must bring your card with you. No patient will be billed nor turned away.

If you are not insured, please check this box:

If you are insured, check this box

Complete the following if the insured name or address is different than yours.

Insured Name (Last, First, Middle)	Sex	Birth Date	Telephone (Area Code)	
Insured Mailing Address if different from the front		City	State	Zip code

VACCINE INFORMATION

The U.S. Centers for Disease Control and Prevention says the most common side effects of the Moderna and the Pfizer-BioNTech vaccines are: ***Injection site pain and swelling *Fatigue * Headache *Chills or * Fever.**

The following side effects have also been reported: *** Muscle and joint pain *Delayed swelling *Redness or a rash at the injection site and *Swollen lymph nodes (typically manifests as a lump in your armpit or above your collarbone).**

Most of the reactions are temporary and resolve within a few days. Since you may feel under the weather, experts recommend not making any big plans for a few days after you get each dose of the vaccine.

You will need 2 doses of the vaccine to become immune. Moderna needs 28 days, Pfizer needs 21 days. Both vaccines are estimated to afford 95 percent protection to COVID infection and 100 % protection to severe COVID disease. You are not considered protected until 2 weeks after your second dose. Data is not available to determine how long you are protected but most authorities estimate your protection will last 1 to 2 years. * This statement was made in Feb 2021 and is subject to change.

Authorization to Submit Insurance Claim for Vaccine Administration

1. I authorize this office to release any information necessary to process insurance claims.
2. I hereby assign payment of medical insurance benefits to Naperville Pediatric Associates.
4. I authorize the release of a copy of this authorization to be used in place of the original.
5. **I certify that the above information is correct.**

Print Name

Signature

Date

Relation to Patient