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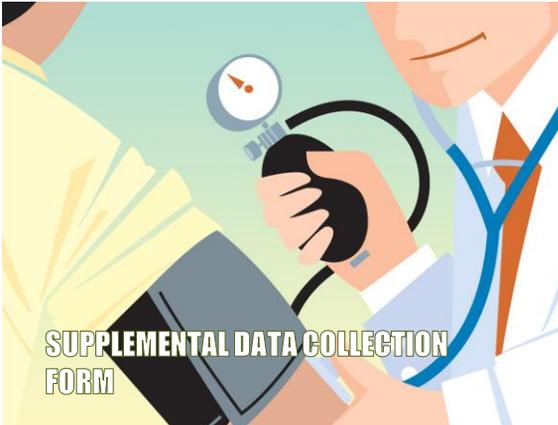
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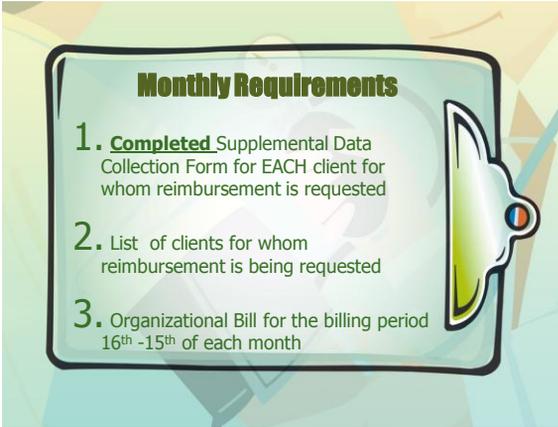
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**Monthly Requirements**

1. **Completed** Supplemental Data Collection Form for EACH client for whom reimbursement is requested
2. List of clients for whom reimbursement is being requested
3. Organizational Bill for the billing period 16<sup>th</sup> -15<sup>th</sup> of each month

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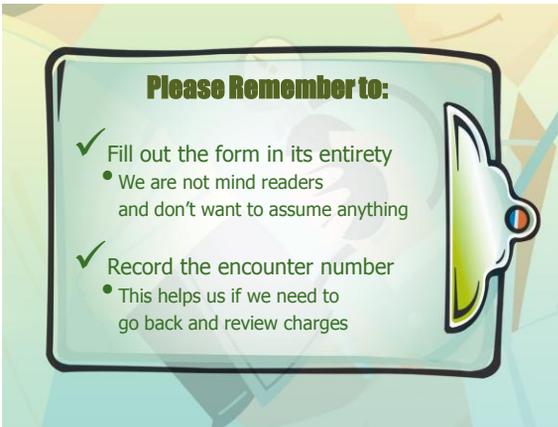
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**Please Remember to:**

- ✓ Fill out the form in its entirety
  - We are not mind readers and don't want to assume anything
- ✓ Record the encounter number
  - This helps us if we need to go back and review charges

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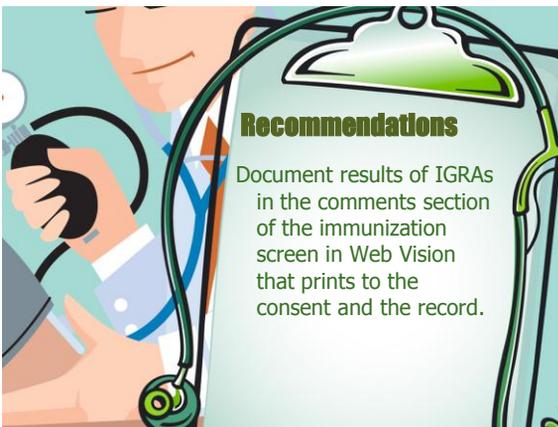
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**Recommendations**

Document results of IGRAs in the comments section of the immunization screen in Web Vision that prints to the consent and the record.

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**Vaccines**

- All children should receive VFC vaccine. Administration fees should be billed to Medicaid.
- We do NOT cover adult Hepatitis B, HPV or Zoster

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**Office Visits**

- You can NOT charge an office visit at the same time as an H&P visit
- Office visits CAN be billed in conjunction with Vaccine only visits or with visits for abnormal lab follow-up etc.

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