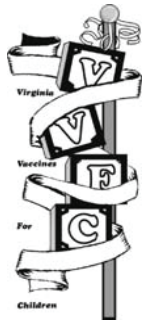


# VVFC REGISTRATION



Whether this is your 1<sup>st</sup> time enrolling or you are updating your registration (Federal guidelines require VVFC providers to update every 12 months), these instructions should help make registration easier. Once completed, keep a copy for your records and mail the original to the VVFC office.

## General Information

- Indicate if this is the first time your practice has registered with the Virginia Vaccines for Children Program or if you are renewing an existing registration (even if your registration has lapsed).
- If this is your first time enrolling with VVFC, please be sure to attach a temperature log with your submission.
- List your practice name as you would like it to appear on future VVFC vaccine shipments and mailings.

## SECTION 1: Vaccine Shipping Information

- List the person who will receive the vaccine shipments
- List the delivery address for the vaccines (No P.O. Boxes – physical address for shipping please)
- Include telephone and fax numbers, as well as an email address
- List any delivery instructions, such as business hours or special locations

## SECTION 2: VVFC Mailing Information

- List the person you want to receive VVFC paperwork, including all *Backpage* newsletter mailings
- List the mailing address for VVFC paperwork
- Include the telephone and fax numbers

## SECTION 3: Type of Facility

- Please mark your type of facility. If you are a FQHC, RHC, or FQHC/RHC “Look-alike” please also document your facility’s Medicaid number.

## SECTION 4: Patient Profile

- For each patient type and age category, document/estimate the number of children who will receive vaccinations at your facility within a 12-month time span.
- Underinsured children are children that have health insurance, but their insurance does not cover vaccinations. They may be VVFC eligible at RHC’s or FQHC’s *only*.
- Public facilities (i.e. FQHC’s, RHC’s, local health departments, public hospitals, free clinics) may also include private insurance patients and >18 year old patients as described on the VVFC Registration form.

## SECTION 5: Provider Registration

- The primary healthcare provider who will be the main contact should review the VVFC contract terms listed in the box, print his/her name, NPI number, Medical License number, date and sign in the area provided. Only providers authorized to prescribe vaccines under state law should be the official VVFC program-registered providers.
- If your practice has additional providers that will be administering VVFC vaccine, please also list them in the spaces provided. Other providers authorized to administer vaccines can operate under the supervision of a prescribing VVFC provider and should be listed in the additional spaces provided as well.
- An original signature from each provider is required.
- Each provider’s NPI number by which they bill must be listed as well as their Medical License number. If an NPI number is pending, write “*pending*” and call us as soon as the number is issued.

## QUESTIONS? CALL 1-800-568-1929