

VVFC DISENROLLMENT FORM

Date _____ PIN _____

Contact _____

Practice _____

Address _____

Address 2 _____

Phone () _____ Fax () _____

REASON FOR DISENROLLMENT	
	Closing Office
	Serves too few VVFC Eligible Children
	VVFC too costly/time-consuming
	Stores but does not administer vaccine
	No longer enrolled in Medicaid
	Merged with another facility
	Provider left the practice
	Provider profile changed
	Other (Specify):

Instructions:

1. Fill out the [RETURN AND TRANSFERS FORM](#) (attach additional pages if necessary).
2. Answer all the questions below and have the VVFC Physician Contact sign and date the bottom of the form.
3. Fax this form and the Return and Transfers form to the VVFC office or submit it to your VVFC Consultant for review.
4. A VVFC staff member will contact you regarding your request and to discuss your VVFC vaccine inventory.
5. If data loggers were provided to your office by VVFC, they must be returned.
6. Once the data loggers are returned and VVFC vaccine is returned or transferred, your facility's status will be listed as inactive.

NOTE: Your facility is responsible for all VVFC vaccine received; therefore, your facility will need to account for any missing doses of VVFC vaccine. DO NOT mail vaccine to the VVFC Office.

Is your facility accepting new Medallion patients under the age of 19? ☐ Yes ☐ No

Will you be referring VVFC eligible children to other facilities for vaccines? ☐ Yes ☐ No

If yes, where are you referring them? _____

How far away is this facility? _____

Physician's Name (PRINT): _____

Physician's Signature: _____ Date: _____

<input type="checkbox"/> Medallion	<input type="checkbox"/> Medallion 2 (HMOs)	<input type="checkbox"/> Both
<input type="checkbox"/> Approved	<input type="checkbox"/> More Information Requested	<input type="checkbox"/> Denied
Denial Justification: _____		
VVFC Director Signature: _____	(Date) _____	Letter attached: Yes <input type="checkbox"/> No <input type="checkbox"/>