Minnesota Department of Health

# Sample handout: Can my child get free or low-cost shots?

PATIENT SELF-SCREENING FORM

The Minnesota Vaccine for Children (MnVFC) program offers free or low-cost vaccines for children 18 years of age and younger.

**Circle the number** **next to the categories that apply to your child.** Give this completed form to your doctor or clinic. Office visit costs, the cost of giving the vaccine, and other related fees are not covered under this program.

1. **My child does not have health insurance (is uninsured).**

Your child is eligible for MnVFC.

1. **My child is on a Minnesota Health Care Program such as:**

* Medical Assistance
* MinnesotaCare
* Prepaid Medical Assistance Plan

Your child is eligible for MnVFC.

1. **My child is American Indian/Alaskan Native.**

Your child is eligible for MnVFC.

1. **My child has private health insurance that covers the cost of all vaccines, but I may have to pay a deductible before the vaccines are covered.** (If you are not sure, go to category 5).

Your insurance already covers the cost of vaccines. Your child is not eligible for MnVFC.

1. **My child has private health insurance, but I do not know if it covers vaccines.**

Call your insurance company using the number in the back of your insurance card. Ask if your plan fits into any of the categories below.

* + Does not cover one or more vaccines.

Eligible for MnVFC for non-covered vaccines only at a public clinic\*.

* Caps prevention services at a certain amount.

Once that amount is reached, your child is eligible for MnVFC at a public clinic\*.

* Covers the cost of all vaccines, but the deductible has to be paid before the vaccines are covered.

Your insurance already covers the cost of vaccines. Your child is not eligible for MnVFC.

**\***Your child is eligible for free or low-cost vaccines at one of these public clinics: local public health clinics (LPH), Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), Indian Health Service (IHS), and tribal health clinics.

**[Put contact information for billing questions here]**