



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF IMMUNIZATION ASSESSMENT AND ASSURANCE
 VACCINES FOR CHILDREN PROGRAM

DISENROLLMENT

930 Wildwood Drive
 Jefferson City, MO 65109
 800.219.3224 • FAX: 573.526.5220

To disenroll from the Vaccines for Children (VFC) program, please complete and return this form. When the disenrollment form is received, the VFC program will contact the facility to provide assistance regarding vaccine. The provider is responsible for the accountability of all VFC funded vaccine doses in inventory.

Complete and submit a VFC vaccine accountability report to document the doses administered and any wasted or outdated vaccines.

Complete and submit a Vaccine Transfer form to report all vaccine transferred from the clinic to another VFC clinic. If vaccine is transferred to multiple clinics, a separate form must be completed for each clinic receiving vaccine. If needed, the VFC program will provide assistance in locating a VFC clinic in your area.

Mail or fax this form to the VFC program **BEFORE** the effective date of disenrollment.

The VFC program will notify Medicaid (MO HealthNet) of the decision to disenroll. The provider will no longer be able to provide immunizations for Medicaid-enrolled children.

Please feel free to contact the VFC program at 800.219.3224 with questions.

PIN	PROVIDER/CLINIC NAME	EFFECTIVE DATE OF DISENROLLMENT
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PROVIDER/CLINIC ADDRESS

VFC CONTACT À À À	PHONE	FAX XXXXXXXX
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REASON FOR DISENROLLMENT (CHECK ALL THAT APPLY)

Office Closing	No Longer Seeing VFC-Eligible Children
Equipment Requirement	Physician Departed
Documentation/Paperwork	Other (specify) _____

FORM COMPLETED BY	DATE
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Complete and return via fax or mail to:

Missouri Department of Health and Senior Services
 Bureau of Immunization Assessment and Assurance
 PO Box 570
 Jefferson City, MO 65102
 FAX: 573.526.5220