

Beaufort County Health Department
Statement of Permission and Assignment: COVID Vaccine Moderna 10/23

Name: _____
Last First Middle

Gender: (circle) Male Female Date of Birth: _____ Social Security Number: _____

Address: _____

City _____ State _____ Number & Street _____ Zip _____

Phone #: Home _____ Work/Other _____ Primary Language: (circle) English Spanish Other

Race: (circle) White Hispanic African American Asian Native American Other

Email: _____

Insurance Information

Medicaid Medicaid ID # _____

Medicare Medicare Claim Number: _____

No Insurance

Private Insurance Name of Insurance Company: _____

Policy # (or Subscriber ID#) _____

Group/Plan Name: _____ Group #: _____

Pre-Vaccination Evaluation

I have read and understand the information provided to me about receiving vaccines for Moderna COVID vaccine (Current Facts Sheet) and have had the opportunity to ask questions. I understand I have the right to accept or refuse the vaccine. **By signing below I certify/attest:**

- **This is my first dose of Covid**
- or
- **It has been at least 2 months since I received previous Covid dose**

By signing below, I consent to receive a Covid vaccine.

Signature/Guardian _____ Date: _____

Signed Patient Consent

By Signing Below: I hereby acknowledge a copy of the "Notice of Privacy Practices" for the Beaufort County Health Department was available for me to read and/or receive a copy. _____ **(Please Initial)**

I authorize the Beaufort County Health Department to submit a claim on my behalf (if applicable) to Medicare, Medicaid, and/or private insurance or other third party payor. I also authorize release of any information necessary in processing my claim. I request payment be made to the Beaufort County Health Department on my behalf

Signature/Guardian: _____ Date: _____

FOR HEALTH DEPARTMENT USE ONLY

3044202 12 and up (Private)

3044091 under 12 (Private)

B0002 12 and up (State)

3043023 under 12 (State)

Date: _____ Given by: _____ RN# _____

Administration Site:

Left Deltoid Right Deltoid

91321 (6mo-11yrs) 91322 (12 yrs.&up)

Diagnosis Code Z23

Admin. CPT 90480

NDC# 80777-0110-93(12&up) .05ml NDC#80777-291-09 (6mo-11yrs) 0.25ml