

Janet T. Mills
Governor

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Commissioner



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Uninsured/Under-insured Adult Immunization Program Enrollment Form

Provider Name: _____ PIN# _____

Provider Address: _____

Medical Director: _____

Primary Vaccine Coordinator: _____

Back-Up Vaccine Coordinator: _____

By enrolling in this program, I am agreeing to the following:

I will screen patients and document eligibility status at each immunization encounter for adult eligibility and administer 317-purchased vaccine by such category only to adults who are Maine residents, 19 years of age or older, who meet one or more of the following categories:

- Uninsured
- Under-insured (i.e. has health insurance that does not pay for vaccinations)

For the vaccines identified and agreed upon in the vaccine need, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the adult program unless:

- a. In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the adult;
- b. The requirements contradict state law, including laws pertaining to religious and other exemptions.

I will maintain all records related to the adult program for a minimum of three years and upon request make these records available for review. Adult records include, but are not limited to, adult screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.

I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible adults that exceeds the administration fee cap of \$21.58 per vaccine dose.

I will comply with the requirements for vaccine management including:

- a. Ordering vaccine and maintaining appropriate inventories;
- b. Not storing vaccine in dormitory-style units at any time;
- c. Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Maine Immunization Program storage and handling recommendations and requirements;
- d. Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor.