

317 Eligibility Screening Record for Adult Patients

Patient Information				
Patient Name	Last	First	MI	Date
Date of Birth				
Provider Name				
<p>Determine if the patient named above is eligible to receive 317-funded vaccines at each immunization visit. Write the screening date and check appropriate Eligibility Status Verification Category in the section below.</p> <p>✓ The patient named above is eligible to receive 317-funded vaccines. The patient meets one of the following criteria:</p> <ul style="list-style-type: none"> Is 19 years of age or older and uninsured patient does not have health insurance. Is 19 years of age or older and underinsured patient has health insurance, but it: <i>Does not cover vaccines, does not cover certain vaccines, or covers vaccines with a fixed dollar limit which has been reached.</i> Is 65 years of age or older and underinsured: <i>Patient has Medicare Part B, but NOT Part D – PATIENT OK for Zoster; Td/Tdap (if no wound exposure); and Hepatitis B (if considered low risk for contracting Hepatitis B)</i> <i>Patient has Medicare Part D, but NOT Part B – PATIENT OK for PCV13, PPSV23, and Hepatitis B</i> <p>✓ The patient named above is not eligible to receive 317-funded vaccines because he/she:</p> <ul style="list-style-type: none"> Has health insurance that pays for vaccines. Adults enrolled in Medi-Cal or Medi-Cal Managed Care are considered insured. Is 65 years of age or older and patient has both Medicare Part B and Part D. 				

Eligibility Status Verification					
Screening Date	Eligible for 317-funded vaccines			Not Eligible for 317-funded vaccines	
	Uninsured, 19 years of age or older	Underinsured, 19 years of age or older	Underinsured, 65 years of age or older	Has health insurance that pays for vaccines	Is 65 years of age or older and patient has both Medicare Part B and Part D

Notes	
1)	<i>This form documents the eligibility status of the patient named above.</i>
2)	<i>317 eligibility screening and documentation of eligibility status must take place at every immunization visit to ensure eligibility status has not changed.</i>
3)	<i>Verification of responses is not required.</i>
4)	<i>The health care provider must keep this record for the 317-eligible adult for no less than three (3) years and make it available to state or federal officials for review upon request.</i>