

317 Eligibility Screening Record for Adult Patients

Patient Information				
Patient Name	<i>Last</i>	<i>First</i>	<i>MI</i>	Date
Date of Birth				
Provider Name				

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. (Please note: Verification of responses is not required. Keep this record for at least 3 years and make it available to state or federal officials upon request).

- ✓ The patient named above is at least 19 years of age and is eligible to receive 317-funded vaccines if they:
 - Have no insurance **OR**
 - Are underinsured: Public or private health insurance does not cover all vaccines or covers vaccines with a fixed dollar limit which has been reached.

For Medicare Patients:

- The patient has Medicare **Part B**, but **NOT Part D** – PATIENT is eligible for:
 - Hep A
 - Hep B (if considered low risk for Hep B)
 - HPV
 - MMR, Varicella, and Zoster
 - Td (if no wound exposure) and Tdap. **OR**
- The patient has Medicare **Part D**, but **NOT Part B** – PATIENT is eligible for:
 - Hep B
 - PCV20

- ✗ The patient named above is NOT eligible to receive 317-funded vaccines because they:
 - Have health insurance that pays for vaccines. Adults enrolled in Medi-Cal or Medi-Cal Managed Care are considered insured.
 - Have both Medicare Part B and Part D.

Eligibility Status Verification

Screening Date	✓ Eligible: No insurance, 19+ years	✓ Eligible: Underinsured, 19+ years	✗ Not eligible: Has health insurance that pays for vaccines	✗ Not eligible: Has both Medicare Part B and Part D