

FLORIDA VACCINES FOR CHILDREN (VFC) PROGRAM DISENROLLMENT FORM

For termination of enrollment in the VFC Program, submit this form as a notification of the intent to terminate 30 days prior to the actual dissolution. The provider is responsible for all VFC Program vaccines doses in inventory. To protect vaccine viability, the VFC Program provider will maintain vaccines properly stored at required refrigerator/freezer temperatures.

Name of the Physician/Group Practice/Entity:			VFC PIN # (6 digits)
Shipping Address:			Date:
Contact Person:	Telephone Number:	Fax Number:	Effective Date:
Reason for Disenrollment: <input type="checkbox"/> Merged with another facility <input type="checkbox"/> No longer enrolled in Medicaid <input type="checkbox"/> Closing office <input type="checkbox"/> Provider left the practice <input type="checkbox"/> VFC too costly/time-consuming <input type="checkbox"/> Serve too few VFC-eligible children			

Vaccine Inventory				
Vaccine Name	Number of Doses	Manufacturer	Lot Number	Expiration Date

Instructions: E-mail the completed form to FloridaVFC@flhealth.gov.
 A VFC Program representative will contact the provider regarding the disposition of VFC vaccine.

Email Form to: FloridaVFC@flhealth.gov