Beaufort County Health Department
Statement of Permission and Assignment: COVID Vaccine Moderna 10/25

Name: _____
Last **First** **Middle**

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

Address: _____
Number & Street
City _____ **State** _____ **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:**

- **I am 12-64 years of age with a least one or more of risk factors**
  or
- **I am 65 years or older**

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

☐ **8146743 12 and up (Private)**

Date: _____ Given by: _____ RN# _____

Administration Site:

☐ **Left Deltoid** ☐ **Right Deltoid**

☐ **91322 (12 yrs.&up)**

Diagnosis Code Z23

Admin. CPT 90480

NDC# 80777-0112-96 (12&up) .05ml