



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF IMMUNIZATIONS
 VACCINES FOR CHILDREN PROGRAM
DISENROLLMENT

930 Wildwood Drive
 Jefferson City, MO 65109
 800.219.3224 • FAX: 573.526.5220

To disenroll from the Vaccines for Children (VFC) program, please complete and return this form. Upon receipt of this form, the VFC program will contact the facility to provide assistance regarding vaccine. The provider is responsible for the accountability of all VFC funded vaccine doses in inventory.

- Complete and submit a final inventory via the Vaccine Ordering System (VOS) Inventory & Dosage report or via a VFC vaccine accountability form to document any doses administered.
- Complete and submit wastage report(s) via VOS or a VFC Wastage and Return Form to report any wasted or expired vaccine.
- Complete and submit a Vaccine Transfer form to report all vaccine transferred from the clinic to another VFC clinic. If vaccine is transferred to multiple clinics, a separate form must be completed for each clinic receiving vaccine. If needed, the VFC program will provide assistance in locating a VFC clinic in your area.
- Fax the completed form to 573.526.5220 or email to vfc@health.mo.gov **BEFORE** the effective date of disenrollment.

The VFC program will notify Medicaid (MO HealthNet) of the decision to disenroll. The provider will no longer be able to provide immunizations for Medicaid-enrolled children.

Please feel free to contact the VFC program at 800.219.3224 with questions.

PIN	PROVIDER/CLINIC NAME	EFFECTIVE DATE OF DISENROLLMENT
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PROVIDER/CLINIC ADDRESS

VFC CONTACT	PHONE	FAX
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REASON FOR DISENROLLMENT (CHECK ALL THAT APPLY)

<input type="checkbox"/> Office Closing	<input type="checkbox"/> No Longer Enrolled in Medicaid	<input type="checkbox"/> No Longer Offers Immunizations
<input type="checkbox"/> Requirements too Burdensome	<input type="checkbox"/> No Longer Seeing VFC-Eligible Children	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Merged with Another Provider	<input type="checkbox"/> Change of Ownership	

FORM COMPLETED BY	DATE
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Return completed forms to the VFC program via fax 573.526.5220 or scan and email to VFC@health.mo.gov