



## Medicaid Data Instructions

All providers approved by the Immunization Division for participation in the Vaccines for Children Program (VFC) must complete this form. This document provides information that helps the Immunization Division determine the amount of vaccine to be supplied through the VFC Program. This form will also be used to compare estimated vaccine needs with actual vaccine supply. The Immunization Division must keep this record on file with the Provider Enrollment form and Provider Emergency Plan. The Provider Profile form must be **updated annually**. A tool to assist you with completing this form is included. One form may be completed by one provider for the entire practice or clinic. If one provider is completing the profile for a multiple-provider clinic, please list the names below.

It is not required to be a Medicaid physician/provider to participate in the VFC program, but it is required if you want reimbursement from the Alabama Medicaid Agency for administration of a vaccine. **Please list all physicians and CRNPs, with their ten-digit National Provider Identifier (NPI) number and effective date for this clinic site** who will be participating under the Provider Enrollment and Provider Profile. In addition, **please list the office or clinics NPI number with effective date** as well. Hospitals with internship or residency programs should also include a list of these physicians and their Medicaid numbers (if they have one).

Thank you for participating in the Alabama VFC Program. VFC PIN Number: \_\_\_\_\_

VFC/Medicaid Clinic Name: \_\_\_\_\_

Clinic/Office NPI Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Group/Payee NPI Number (if applicable): \_\_\_\_\_ Effective Date: \_\_\_\_\_

Clinic Hours of Operation (ex: M-F 8 a.m. – 5 p.m.): \_\_\_\_\_

Office Hours Closed for Lunch (ex: 12:30-1:30): \_\_\_\_\_

<u>Physician/CRNP/Title</u>	<u>Ten-digit NPI No.</u>	<u>Medicaid Number</u>	<u>Effective Medicaid Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE NOTE: YOU MUST PROVIDE NPI NUMBER(S) ABOVE TO ENSURE MEDICAID REIMBURSEMENT FOR ADMINISTRATION OF VFC VACCINES. YOU MAY RECEIVE VFC VACCINE WITHOUT NPI NUMBER(S) ON FILE, BUT YOU WILL NOT BE REIMBURSED FOR ADMINISTRATION FEES.**