8600 Lasalle Rd. Suite 105
Towson, MD 21286
410-823-5232

ADVANCED BENEFICIARY NOTICE OF NONCOVERAGE

Your insurance carrier may not pay for the following services, and if you choose to receive them, you will be billed directly. If your insurance carrier denies coverage and payment, you will be responsible for $225.

We advise you to check with your insurance company for coverage prior to receiving the following services:

- COVID Vaccine 6 months – 11 Years (91321) (Moderna SPIKEVAX)

I acknowledge that by signing below, Pediatric Partners LLC will bill my insurance carrier. However, if my insurance carrier denies payment for the services listed above, I will be held responsible for payment of services rendered.

Parent Signature: _____ Date: _____

PRECAUTIONS/CONTRAINDICATIONS TO COVID VACCINATION

Please indicate yes or no if any of the following apply to your child:

- A severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID vaccine. Yes or No
- A diagnosed non-severe allergy to a component of the COVID vaccine. Yes or No
- Non-severe, immediate allergic reaction after administration of a previous dose of one COVID vaccine type, if receiving the same vaccine type. Yes or No
- Moderate to severe acute illness, with or without fever. Yes or No
- Multisystem inflammatory syndrome in children (MIS-C). Yes or No
- Myocarditis/pericarditis within 3 weeks after a dose of any COVID vaccine. Yes or No

Parent Signature: _____ Date: _____

CONSENT AND SHARED DECISION MAKING

From the American Academy of Pediatrics: https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/when-can-kids-get-the-COVID-vaccine-or-booster.aspx

COVID vaccination is recommended for:

- All children age 6 months through age 23 months as they are at high risk for severe COVID.
- Children and teens age 2 years through 18 years with any of the following risk factors: obesity, conditions that affect the immune system, sickle cell disease, heart diseases, lung disease (including ASTHMA), diabetes, neurodevelopmental disorders, chronic kidney disease, complex medical conditions including those that require breathing tubes, feeding tubes, or respiratory support, those living in long-term care facilities or other group settings, never having been vaccinated previously against COVID, and having a household contacts who are at high risk.

COVID vaccination can be done for: Children age 2 through 18 years without risk factors after shared decision making with their physician.

From the Centers for Disease Control: https://share.google/J1Lv68BJwbcqD77lK

On September 19, 2025, the CDC's Advisory Committee on Immunization Practices unanimously voted to recommend that vaccination for COVID be determined by individual decision making. This recommendation applies to all individuals 6 months and older. It includes an emphasis that the risk-benefit of vaccination in individuals under age 85 is most favorable for those who are at increased risk for severe COVID and lowest for individuals who are not at an increased risk.

From the FDA regarding Modern SPIKEVAX: https://share.google/nj3gOuEYo88nZezpf

On August 27, 2025, the FDA voted to remove the emergency use authorization and voted to approve the Moderna COVID vaccine (SPIKEVAX) for individuals who are: 65 years of age and older; or 6 months through 64 years of age with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19.

By signing below, I am confirming that I have reviewed the information summarized below about COVID vaccination, insurance coverage, indications, risks and benefits, and precautions/contraindications. I have received and reviewed the most recent CDC Vaccine Information Sheet for COVID-19 Vaccination. After shared medical decision making with this information from my child's healthcare provider, I am consenting for my child to receive the COVID vaccine (SPIKEVAX).

Patient Name: _____ DOB: _____

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____