VACCINE PAYMENT POLICY

LANSING PEDIATRIC ASSOCIATES

List Child's Name(s) Below	Child's Date of Birth

Vaccine Coverage Information - We understand that vaccines are expensive. Some insurance companies cover all or part of vaccines and some do not cover any part of vaccines.

Due to the large variation of insurance companies, we cannot know if your vaccines are covered. Some insurance companies will not always tell the provider which policies cover vaccines. **Before you come**, please check with your insurance policy or company to verify your coverage status. Upon your request, it is your insurance company's responsibility to provide you with the coverage details pertaining specifically to your policy with them.

If you do not have coverage, you are responsible for the immunization charges and payment will be expected at the time of the visit.

If your child:

- Has no Medical Insurance
- Has Health Insurance that does **NOT** cover Immunizations for any reason
- If you are unsure whether your insurance covers immunizations

You have 3 options to choose from:

1) You may have the immunization(s) today here at LPA and pay the full immunization charge(s).
2) You may go to the Health Department for immunizations. They may also charge an administration fee and have insurance guidelines you must follow.
3) You may return to our office, after you verified your immunization benefits with your insurance policy

If your child is enrolled in Medicaid, you will need to go to the health department for their immunizations.

Please check our website www.lansingpediatrics.com for walk-in immunization hours.

VACCINE SCHEDULE As of 05/08/2026

Child's Age:	Immunizations to be given:	Immunization Key:
Birth	Hep B	DTaP=Diphtheria, Tetanus, Pertussis Tdap=Tetanus, Diphtheria, Pertussis Hep B=Hepatitis B MMR=Measles, Mumps, Rubella Rota=Rotavirus Var=Varicella HPV=Human Papillomavirus Hep A=Hepatitis A Hib=Haemophilus influenza type b MCV4=Meningococcal PCV=Pneumococcal IPV=Inactivated Poliovirus
1 month		
2 months	DTaP, IPV, Hep B, PCV, Hib, Rota	
4 months	DTaP, IPV, Hep B, PCV, Hib, Rota	
6 months	DTaP, IPV, Hep B, PCV, Rota, (Hib,if needed)	
9 months		
12 months	MMR, Var, Hib, PCV, Hep A	
15 months		
18 months	Hep A, DTaP	
2 years		
3 years		
4 years	DTaP, IPV, MMR, Var	
5 years	MMR, Var (Only if not given at 4 years.)	
9-12 years	Td (or) Tdap, MCV4, HPV	

I understand that if my insurance does **NOT** cover vaccines, all vaccine charges will be my responsibility.

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Parent / Guardian Signature Date