North Carolina Department of Health and Human Services
Division of Public Health – Women's & Children's Health Section
1917 Mail Service Center • Raleigh, North Carolina 27699-1917
Tel 919-707-5550 • Fax 919-870-4824

Michael F. Easley, Governor

Dempsey Benton, Secretary

May 1, 2008

MEMORANDUM

TO: Universal Childhood Vaccine Distribution Program Participants

FROM: Beth Rowe-West, RN, BSN, Head
NC Immunization Branch

SUBJECT: URGENT PLEASE SIGN: Revised Provider Vaccine Agreement

The purpose of this memorandum is to notify all participants in the Universal Childhood Vaccine Distribution Program (UCVDP) of an inadvertent language omission in the Provider Vaccine Agreement mailed on December 31, 2007. The only language change in the new attached Provider Vaccine Agreement, dated 2/2008, effects Section A, number two. The new language is as follows:

> Charge the VFC-eligible patient, or the responsible adult accompanying the VFC-eligible patient, an administration fee of no more for each UCVDP vaccine given in an encounter than the rate established by the state's Medicaid program.

Please destroy the 2007 version of the provider agreement and have your lead physician or health director sign the enclosed corrected Provider Vaccine Agreement (2/2008) and return to the Immunization Branch by **June 13, 2008.** Forms may be faxed to the Branch at 1-800-544-3058 or mailed to the North Carolina Immunization Branch, Attn: Vaccine Distribution, 1917 Mail Service Center, Raleigh, NC 27699-1917. **Remember, providers without a signed 2008 agreement will be unable to order state-supplied vaccine beyond June 13, 2008.**

We regret any inconvenience this omission may have caused, but appreciate your attention to this time sensitive issue.

If you have questions or need assistance, please contact your regional immunization nurse consultant or the Immunization Branch Help Desk at 1-877-873-6247.

cc:	SMT	Regional Immunization Staff	Central Office Staff	Greg Griggs
	Steve Shore	Peter Graber	Local Health Directors	Joy Reed