

# PROVIDER WITHDRAWAL FORM

\*Required Fields

\*PIN: \_\_\_\_\_

\*Withdrawal Date: \_\_\_\_\_

Please complete this form when you no longer wish to participate in the Texas Vaccine for Children (TVFC) Program. Fax the completed form to your Regional TVFC contact. Any remaining state vaccine will be picked up within 5 days of withdrawal from the TVFC Program. Please remember that Texas Health Steps providers may not refer Texas Health Steps patients elsewhere for immunizations.

\*Name of Facility: \_\_\_\_\_

\*Provider Name: \_\_\_\_\_  
(Last Name) (First Name) (MI) (Title)

\*Contact Name: \_\_\_\_\_  
(Last Name) (First Name) (MI) (Title)

\*Address: \_\_\_\_\_  
(Street Address) (City) (Zip) (County)

\*Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

## \*Reason for Withdrawal:

### Provider Initiated Withdrawal:

- Merged with another facility
- No longer enrolled in Medicaid
- Office closed
- Provider profile changed
- Provider left the practice
- Stores but does not administer vaccine
- VFC too costly / time-consuming
- Services too few VFC-eligible children
- Other:

### Awardee Initiated Withdrawal:

- Did not re-enroll (reason unknown)
- Lost contact with provider
- Merged with another facility
- No longer enrolled in Medicaid
- Non-compliance with requirement
- Office closed
- Provider profile changed
- Provider left the practice
- Stores but does not administer vaccines
- Serves too few VFC-eligible children
- Temporary outbreak

Reason for withdrawal definitions are located on the reverse side of this document

\*Will any VFC doses remain onsite after provider has been unenrolled from the program?  Yes  No

### For HSR / LHD Use Only:

TVFC vaccine / supplies picked up / transferred to PIN: \_\_\_\_\_  
TVFC vaccine inventory is zero in EVI:  Yes  No  
AFIX Online visits completed:  Yes  No  
PEAR VFC/USH visits completed:  Yes  No  
Date withdrawal form emailed to TVFC Enrollment: \_\_\_\_\_

## Reason for Withdrawal Definitions:

Reason for Withdrawal	Description
Did not reenroll (reason unknown)	Provider did not submit paperwork to reenroll in the program and the program was not able to verify the reason why the provider did not re-enroll.
Lost contact with Provider	Program has made multiple attempts to contact the provider but has not received a response.
Merged with another facility	The provider has merged with another provider office. In the description, please specify whether the provider with which they are merging is a VFC provider.
No longer enrolled in Medicaid	The provider no longer accepts Medicaid as a form of insurance.
Non-compliance with requirements	Provider was non-compliant with Awardee and / or Federal VFC requirements for eligibility screening, documentation, inventory management and / or vaccine storage & handling.
Not a VFC provider	This provider has never been a VFC provider and was entered into PEAR either from the original VTrckS pull or accidentally by staff.
Office closed	The provider office has closed down and is no longer seeing any patients.
Other	This option is available for provider-initiated unenrollments only and should be used only if none of the other reasons truly apply to the providers' specific circumstances.
Provider entered in error	This includes: duplicate providers or incorrect PINs. Note: Make sure any visits or activities entered for the provider are transferred to the new provider account. Contact the DSHS Immunization Unit for further assistance.
Provider left the practice	Provider left the practice.
Provider profile changed	Provider's population has changed and they no longer serve VFC-eligible children (e.g., became an adult-only provider).
Serves too few VFC-eligible patients	This office has a low volume of VFC-eligible patients and therefore does not wish to continue participation in the VFC program. In the description, please explain why the low volume of children affected the provider's decision to participate in the program.
Stores but does not administer vaccine	This office stores vaccine but does not see or administer vaccines to patients.
Temporary outbreak	Provider was enrolled in the VFC Program temporarily in order to store and administer vaccine to children in response to a specific disease outbreak.
VFC too costly / time-consuming	The provider indicated that participation in the VFC program is too costly and / or takes too much time for them or their staff.