OKLAHOMA State Department of Health

VFC Pin Number: _____

OSIIS ID Number: _____

Date: _____

Vaccines for Children Program
Oklahoma State Department of Health – Immunization
Service123 Robert S Kerr Ste 1702
Oklahoma City, Oklahoma 73102

To Whom It May Concern:

Effective _____ we choose to withdraw/cancel enrollment from our participation in the VFC program for the following reason:

- ☐ Provider Office is closing.
- ☐ Office no longer serves VFC eligible children.
- ☐ Office serves too few VFC eligible children.
- ☐ No longer enrolled in Medicaid.
- ☐ Provider left the practice.
- ☐ VFC too costly/time consuming.
- ☐ Other:_____

We do so with the understanding that the Oklahoma State Department of Health Immunization Service will notify the Oklahoma Healthcare Authority that we will no longer be active with the program. We understand that this will affect our Sooner Care panel.

We also understand that after withdrawing/cancelling enrollment and we choose to re- enroll, we will be required to complete the enrollment process as a new provider. This would include the enrollment paperwork and the required orientation visits.

At this time we choose to ☐ **remain/** ☐ **not remain** as an Oklahoma State Immunization Information System (OSIIS) user.

We have notified our Immunization Field Consultant and have made arrangements for the VFC vaccines that we presently have in stock.

Signature: _____

Physician/NP/PA: _____

Clinic Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

RESET FORM

Updated 3-2022