



Account Name: _____ Location: _____

Patient Signature Log Sheet

Your medical provider is required to maintain a signature log for each Provider-Administered Vaccine dispensed to a Medicare Beneficiary "Enrollee", which acknowledges your receipt of the Provider-Administered Vaccine.

By my signature below, I acknowledge that I have received the vaccine as indicated and I authorize my provider to bill and collect from my insurance for the vaccine and related administration fees. I understand that this authorization does not release me from any financial responsibility (co-payments or deductibles) required under my plan.

Date	Patient First	Patient Last	Provider	Rx Number	Patient Signature