Delaware Bridge Program
Provider Profile Form

All healthcare providers participating in the Delaware Bridge Program must complete this form annually or more frequently if the number of eligible adults served changes or the status of the facility changes during the calendar year.

Date: ___ ___ /___ ___/ ___ ___ ___ ___

Provider Identification Number#____________________

FACILITY INFORMATION		
Provider's Name:		
Facility Name:		
Vaccine Delivery Address:		
City:	**State:**	**Zip:**
Telephone:	**Email:**	

FACILITY TYPE (select facility type)

☐ **Private Facilities**	☐ **Public Facilities**	
☐ Private Hospital ☐ Private Practice (solo/group/HMO) ☐ Community Health Center ☐ Pharmacy ☐ Other____________________________	☐ Public Health Department Clinic ☐ Public Hospital ☐ FQHC/RHC (Community/Migrant/Rural) ☐ FQHC Look-Alikes ☐ Tribal Health Centers ☐ Indian Health Services (IHS) Centers ☐ Community Health Center ☐ Tribal/Indian Health Services Clinic (Urban) ☐ Other_________________________________	☐ Woman Infants and Children ☐ STD/HIV ☐ Family Planning ☐ Correctional Facility ☐ Drug Treatment Facility ☐ Migrant Health Facility ☐ Refugee Health Facility

VACCINES OFFERED (select only one box)

☐ All ACIP-Recommended Vaccines.
☐ Offers Select Vaccines

Select Vaccines Offered:

○ DTaP
○ Hepatitis A
○ Hepatitis B
○ HIB
○ HPV
○ Influenza
○ Meningococcal Conjugate
○ MMR
○ Pneumococcal Conjugate
○ Pneumococcal Polysaccharide
○ Polio
○ RSV
○ Td/Tdap
○ COVID-19
○ Varicella
○ Zoster Recombinant
○ Other, specify:

PROVIDER POPULATION

Provider Population is based on patients seen during the previous 12 months. *Report the number of eligible adults who received vaccinations at your facility, by age group. Only count an adult once based on the status at the last immunization visit, regardless of the number of visits made. The following table documents the number of eligible adults who received publicly funded vaccines by category and the number of adults who received privately purchased vaccines.*

Publicly Funded Vaccine Eligibility Categories	**# of individuals who received publicly purchased vaccines by age category**			
	19 – 34 Years	**35 – 49 Years**	**50+ Years**	**Total**
American Indian/Alaska Native[1]				
No Health Insurance				
Underinsured[2]				
Incarcerated				
Total Publicly Funded Vaccine:				

Privately Purchased Vaccine	**# of individuals who received non-publicly purchased vaccines by age category**			
	19 – 34 Years	**35 – 49 Years**	**50+ Years**	**Total**
Insured (private pay/health insurance covers vaccines)				
Total Privately Purchased Vaccine:				
Total Patients (must equal sum of Total Publicly Funded + Total Privately Purchased)				

[1]American Indian and Alaska Native patients whose only source of healthcare is provided by an Indian Health Service, Tribal, or Urban Indian healthcare organization are not considered fully insured and may be vaccinated with 317-funded vaccines if the Indian Health Service, Tribal, or Urban Indian healthcare organization does not provide certain vaccines.

[2] A person who has health insurance, but the insurance does not include any vaccines; a person whose insurance covers only selected vaccines; a person whose insurance does not provide first-dollar coverage for vaccines.

TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (choose all that apply)

- ○ Benchmarking
- ○ Medicaid Claims Data
- ○ IIS
- ○ Other (must describe):
- ○ Doses Administered
- ○ Provider Encounter Data
- ○ Billing System