



**Vaccines for Children (VFC) Program  
Suspected Fraud and/or Abuse Referral Sheet Form**

To report suspected VFC fraud and/or abuse, complete this referral sheet form and return it to the South Carolina Division of Immunizations via mail, fax or email.

*Although contact information is optional, please consider sharing your name and phone number and/or an e-mail address so that the VFC program can confirm information you report. All identifying information will be kept confidential.*

<b>Reporter Information (Optional)</b>	
<b>Name:</b>	<b>Date:</b>
<b>Address:</b>	
<b>Telephone Number:</b>	<b>Email Address:</b>
<b>Relationship to Provider:</b>	

<b>Person or Organization Suspected of Fraud and/or Abuse</b>	
<b>Name of Provider/Office/Practice/Clinic:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	<b>Date(s) of the Incident(s):</b>

**Which of the following best describes the type(s) of possible fraud and/or abuse? (Check all that apply)**

- ☐ Providing VFC vaccine to non-VFC-eligible children.
- ☐ Selling or otherwise misdirecting VFC vaccine.
- ☐ Billing a patient or third party for VFC vaccine.
- ☐ Charging more than the established maximum federally approved VFC administration fee.
- ☐ Not providing VFC vaccine to VFC-eligible children because of inability to pay for the vaccine administration fee.
- ☐ Not properly implementing provider enrollment requirements of the VFC Program including:
  - ☐ Failing to screen patients and documenting status for VFC eligibility.
  - ☐ Failing to maintain VFC records and comply with other requirements of the VFC Program.
  - ☐ Failing to fully account for VFC vaccine.
  - ☐ Failing to properly store and handle VFC vaccine.
  - ☐ Ordering VFC vaccine in quantities or patterns that do not match provider's profile or otherwise over-ordering of VFC doses.
  - ☐ Wastage of VFC vaccine.
- ☐ Other: \_\_\_\_\_

**Send referral sheet to the South Carolina Division of Immunizations:**

Mail: Attn: VFC Coordinator, Mills/Jarrett Complex, 2100 Bull Street, Columbia, SC 29201

Fax: 803-898-0326

Email: [scvfc@dhec.sc.gov](mailto:scvfc@dhec.sc.gov)

Phone: 803-898-0460

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**Instructions for Completing**

**Purpose:**

The purpose of the Vaccines For Children (VFC) Program Suspected Fraud and/or Abuse Referral Sheet form is to provide documentation of all occurrences of suspected fraud and/or abuse of the Federal VFC program vaccines.

**Item-by-Item Instructions:**

1. Enter Reporter name and other information in space provided. ***Reporter information is optional and not required for reporting suspected fraud and/or abuse.***
2. Complete information of Person or Entity being reported for suspected fraud and/or abuse.
3. Select type of suspected fraud and/or abuse. (Choose all that apply)
4. Submit form to the South Carolina Division of Immunizations by U.S. mail, fax or email.

**Office Mechanics and Filing:**

This form will be retained by the Division of Immunizations Central Office for minimum of (3) years. This form must be kept as part of the VFC program records.