



Quality Compliance Form

Fax: (716) 887-7967

Immunizations for Adolescents (IMA)	
Provider Information	
Provider Name	
Address	
Specialty	
NPI	
Tax ID	
Contact Name	
Contact Phone	
Patient Information	
Patient Name	
DOB	
BlueCross BlueShield Insurance	<input type="checkbox"/> Primary <input style="margin-left: 200px;" type="checkbox"/> Secondary
ID	
Measure/Description	<p>Male and female adolescents 13 years of age (2007) who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and two or three doses of the HPV vaccine.</p> <ul style="list-style-type: none"> One meningococcal conjugate vaccine between 11th and 13th birthdays One tetanus, diphtheria toxoids, and pertussis vaccine (Tdap) between 10th and 13th birthdays Two or three doses of human papillomavirus (HPV) vaccine between 9th and 13th birthdays
Required Documents	<ul style="list-style-type: none"> Medical record with date(s) the above vaccines were given Evidence of the antigen or combination vaccine Documented history of illness
Comments	

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