

# Influenza Vaccine Reimbursement Form

As a member of Keystone 65 HMO, you are covered for an influenza vaccine each year. If you received your vaccine at a non-participating provider and paid out of pocket, you can use this form to apply for reimbursement. Please print all information on this form.

## Member Information

Member identification number \_\_\_\_\_ Date of birth \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

## Service Information

Did you receive:  Flu shot  FluMist Amount paid: \_\_\_\_\_

Where did you receive the vaccine? \_\_\_\_\_

Date received: \_\_\_\_\_

Please mail this form, along with your receipt to:

Claims Receipt Center  
PO Box 211184  
Eagan, MN 55121

Keystone 65 offers HMO plans with a Medicare contract. Enrollment in Keystone 65 Medicare Advantage plans depends on contract renewal.

Benefits underwritten by Keystone Health Plan East, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

**Independence** 

Keystone 65 HMO

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<b>Procedure Code #</b>	<b>Description</b>
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria)
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval)
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin)
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)
<b>Diagnosis Code #</b>	<b>Description</b>
Z23	Prophylactic vaccination and inoculation influenza