

Influenza Vaccine Reimbursement Form

As a member of Personal Choice 65SM PPO, 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

Personal Choice 65 offers PPO plans with a Medicare contract. Enrollment in Personal Choice 65 Medicare Advantage plans depends on contract renewal.

Benefits underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

Independence 
Personal Choice 65SM PPO

For internal use only

Procedure Code #	Description
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)
Diagnosis Code #	Description
Z23	Prophylactic vaccination and inoculation influenza