



A DIVISION OF BROWN & TOLAND PHYSICIANS

Flu & Pertussis Vaccination Reimbursement Form 2011 – 2012

Alta Bates Medical Group reimburses **HMO members** for pertussis (Tdap) vaccinations and up to \$30 for flu vaccinations obtained from a pharmacy, public health department, flu clinic or other location outside of the physician office.

Medicare Advantage members: please use this form for flu vaccination reimbursement only. Alta Bates Medical Group will reimburse you up to \$30 for a regular flu vaccination and up to \$55 for a high-dose flu vaccination. For Tdap reimbursement, which is covered by Part D, contact your health plan.

To receive reimbursement, please complete the following steps:

- Please check the vaccination(s) that you received.
 - Flu
 - Pertussis (Tdap) – *Not applicable for Medicare Advantage. Contact your health plan.*
- Provide all of the information requested below.

Please Print	
Name: _____	Date of Birth: _____
Address: _____	Phone Number: _____
_____	Subscriber ID: _____
Health Plan: _____	Doctor's Name: _____

- Mail this reimbursement form **along with a copy of your receipt(s)** by July 1, 2012 to:

Alta Bates Medical Group
Attn: Claims/Adjustment Unit
P.O. Box 649010
San Francisco, CA 94164