

Reimbursement Form for Adacel[®] (Tdap)

Tdap (Tetanus, diphtheria, pertussis) vaccine can protect people against three serious diseases: tetanus (lockjaw), diphtheria (a thick covering in the back of the throat), and pertussis (whooping cough).

In response to the recent whooping cough outbreak, if you are unable to see your primary care physician for vaccination, you may be eligible for reimbursement for vaccination at your local pharmacy. The type of insurance you have will determine if the vaccine is covered and where you can get vaccinated.

➤ If you have **Medicare with Prescription Drug Coverage (Part D)** then you or your physician must contact your **prescription drug plan** and ask:

1. Is the vaccine covered?
2. Where do I get vaccinated?
3. How do I get reimbursed if I pay out of my own pocket?

Hill Physicians is not responsible for reimbursement for Medicare patients.

➤ If you are **NOT** a Medicare member then:

1. Go to your Primary Care Provider to get vaccinated.
2. If your physician does not have the vaccine, then
3. Call a pharmacy to see if they give the vaccine.
4. Keep your original receipt and submit to Hill Physicians for reimbursement up to \$60.

Reimbursement Steps for **non-Medicare members**:

1. Fill out the form below
2. Attach the original receipt
3. Mail in form by **December 31, 2011** to:
Hill Physicians Medical Group
Tdap Reimbursement Program
PO Box 5080
San Ramon, CA 94583-0980

Member Reimbursement Form

Doctor's Name: _____ Health Plan Name: _____

Subscriber ID # (listed on your insurance card): _____

Your First and Last Name: _____

Street Address: _____

City: _____ State: CA Zip: _____

Date of Birth for Person Receiving Vaccination: _____

Phone Number with Area Code: _____

Where Service Was Performed: _____

* Attached original receipt.

* Allow 2-4 weeks for reimbursement check.