

HMO member reimbursement form for vaccines: Flu, Shingles, and TDaP

Please use this form if you paid out of your own pocket to receive the flu, tetanus / whooping cough (Boostrix[®], Adacel[®]), or shingles shot (Zostavax[®], Shingrix[®]) at a pharmacy. You may only use this form if you have health insurance that is **not through Medicare**.

Medicare Members

If you are a Medicare member, please call your Medicare Part D insurance company to see if they will pay for you to get the vaccine at a pharmacy, or if they only pay for the vaccine in your doctor's office. **Hill Physicians is not responsible for reimbursement for Medicare patients.**

Reimbursement Amounts

Hill Physicians will reimburse your vaccine cost up to \$60 each for the flu shot and the tetanus / whooping cough shots. Hill Physicians will reimburse your vaccine cost up to \$250 for each dose of shingles shot.

Reimbursement Steps for non-Medicare members

1. Fill out the form below.
2. Bring the form to your pharmacy or call your pharmacy to complete.
3. Attach 2 receipts (original pharmacy receipt and a copy of the cash register receipt).
4. Mail in form to:

Hill Physicians Medical Group
Vaccine Reimbursement Program
PO Box 5080, San Ramon, CA 94583-0980

Member Reimbursement Information

Patient First and Last Name _____

Date of Birth ____ / ____ / ____ Phone (____) _____

Subscriber ID # (on your insurance card) _____

Street Address (for mailing payment) _____

City _____ State _____ Zip _____

Vaccine Given (please mark) Flu TDaP Zostavax Shingrix: (circle) Dose 1 or Dose 2