

# Member Vaccine Reimbursement

HMO member reimbursement form for vaccines: Flu, Shingrix®, RSV, and Tdap/Td.

## Medicare Members

Hill Physicians is not responsible for reimbursement for Tdap/Td shot (Boostrix®, Adacel®, Tenivac®, TDVAX®), shingles shots (Shingrix®), or RSV shots (ABRYSVO®, AREXY®). 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 will reimburse up to \$90 for the flu vaccine.

## HMO Members (non-Medicare)s

Hill Physicians will reimburse your vaccine cost up to \$90 for the flu shot, up to \$80 for the Tdap/Td shot (Boostrix®, Adacel®, Tenivac®, TDVAX®), up to \$275 for each dose of shingles shot (Shingrix®), and up to \$354 for the RSV shot (ABRYSVO®, AREXVY®).

## Reimbursement Steps for non-Medicare members

1. Fill out the form below.
2. Attach 2 receipts (original pharmacy receipt and a copy of the cash register receipt).
3. 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/Td  RSV  Shingrix:  Dose 1  Dose 2