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®), shingles shots (Shingrix®), or RSV shots (ABRYSVO®, AREXYY®). 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 $105 for the flu vaccine.

HMO Members (non-Medicare)s
Hill Physicians will reimburse your vaccine cost up to $105 for the flu shot, up to $80 for the Tdap/Td shot (Boostrix®, Adacel®, Tenivac®), up to $285 for each dose of shingles shot (Shingrix®), and up to $385 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