Member Vaccine Reimbursement

HMO member reimbursement form for vaccines: Flu, Shingles, and Tdap/Td.

Medicare Members
Hill Physicians will reimburse up to $105 for the influenza (flu) vaccine. Hill Physicians is not responsible for reimbursement for Tdap/Td vaccines (Boostrix®, Adacel®, Tenivac®, TdVax®), or shingles vaccine (Shingrix®). Please contact your Medicare Part D plan to check if the vaccine is covered at a pharmacy, your doctor's office, or both.

Commercial Members (non-Medicare)
Hill Physicians will reimburse up to $105 for the influenza (flu) vaccine, up to $80 for the Tdap/Td vaccine (Boostrix®, Adacel®, Tenivac® , TdVax®), and up to $285 for each dose of shingles vaccine (Shingrix®).

Reimbursement Steps

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 ☐ Shingrix: ☐ Dose 1 ☐ Dose 2