



Influenza A (H1N1) Vaccine

Out of Network Reimbursement Form

If possible we encourage you to receive your Influenza A (H1N1) vaccine from an in-network provider. If, however, you receive your vaccine from anyone other than a network provider, Mercy Health Plans will reimburse you for the cost of the administration of the Influenza A (H1N1) vaccine.

Maximum reimbursement for the administration is \$20.00

Mercy Health Plans Out of Network Flu Shot Reimbursement Form	
Name:	Member Insurance ID#:
Date Vaccine Received:	Fee Paid for Vaccine Administration: \$
Location: <hr/> (Vendor name, retail/grocery store, health department, etc.)	

TO RECEIVE YOUR REIMBURSEMENT IN A TIMELY MANNER:

- Submit the form and your receipt within 90 days.
- If the provider giving you the flu shot requires you to pay in full, please follow the steps below:
 - Complete all sections on the form**
 - Attach your paid receipt to the form.
 - Please mark on the outside of the envelope "Flu Vaccine Reimbursement".
 - Return the **completed** form and the receipt to Mercy Health Plans at the address listed below:

**Mercy Health Plans
P.O. Box 4568
Springfield, MO 65808-4568**

If we can be of further assistance please contact the Customer Contact Center Monday – Friday, 8:00 a.m. – 5:00 p.m. (CT) at the number listed on the back of your insurance ID card or you may reach us on the web at www.mercyhealthplans.com.

For Claims Use Only: Codes for Influenza A (H1N1) vaccine: DX code: V04.81;

- Medicare - Vaccine code G9142 and administration fee code G9141
- Commercial - Vaccine code 90663 and administration fee code 90470.