

# FLU SHOT

## Flu Vaccine Out of Network Reimbursement Form

Your annual flu shot is a Mercy Health Plans covered medical benefit!

Flu shots are the best prevention from getting the flu. We encourage you to receive your annual flu shot from your network provider. If, however, you receive your flu shot from anyone other than a network provider, Mercy Health Plans will reimburse you. **Please see chart below for maximum allowable per type of flu vaccine.**

Mercy Health Plans Out of Network Flu Shot Reimbursement Form	
Name:	Member Insurance ID#:
Date Flu Shot Received:	Fee Paid for Flu Shot: \$
Location:	
(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](http://www.mercyhealthplans.com).

VACCINE	CODE	ADMIN CODE	MAX ALLOWABLE
AFLURIA, FLULAVAL, FLUVIRIN, FLUZONE	90658	90471	\$25.00
<b>Preservative Free</b> versions of AFLURIA, FLUARIX, FLUVIRIN, AGRIFLU and FLUZONE	90656	90471	\$25.00
FluMist	90660	90473	\$30.00
Fluzone High Dose	90662	90471	\$57.00