



FLU SHOT

Seasonal 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. **(Maximum reimbursement is \$25.00.)**

Mercy Health Plans Out of Network Flu Shot Reimbursement Form	
Name:	Member Insurance ID#:
Date Flu Shot Received:	Fee Paid for Flu Shot: \$
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: Seasonal flu influenza DX: V04.8; CPT code: 90658; Administration Fee: 90465-90474; FluMist CPT code: 90660