

2019-2020 Flu Insurance Information Form PRINT CLEARLY

The completion of this form is necessary for every vaccine recipient. If no insurance information is available, please fill out as much as possible using existing information. **Information about the person to receive vaccine (please print):** *Required Fields

Name: (Last, First, MI)*	Date of birth: * ____/____/____ Month Day Year	Age*	Sex: (Circle)* Male Female
Street Address:*			
City:*	State:*	Zip:*	Phone:*

Insurance Information: *Include the whole member ID number and any letters that are part of that number*

Name of Insurance Company:*	Member ID Number:*	Group ID Number: (if available)
Medicare Number:	Is Medicare Primary? Yes No	Is Subscriber Retired? Yes No

If person getting vaccinated is not the insurance subscriber/policy holder, please complete the following:

Subscriber's Name: (Last, First, MI)*	Subscriber's Date of Birth: * ____/____/____ Month Day Year	Sex: (Circle)* Male Female
Subscriber's Street Address: * (If different from address above)		
City:*	State:*	Zip: * ()
Patient Relationship to Subscriber: (Circle)* Spouse Child Other		

I give permission for my insurance company to be billed.

X _____ Date: _____
(Signature of patient, parent or legal guardian)

*****For Clinic/Office Use Only*****

For children 18 years of age and younger:

- Is Vaccine for Children (VFC) Program eligible** Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid) Does not have health insurance Is American Indian (Native American) or Alaska Native **OR**
 Is not VFC-eligible: Has health insurance and is not American Indian (Native American) or Alaska Native

Date of Service & VIS Given	Vax Type	Vaccine Mfgr	State Supplied (Circle)	Preserv Free*	Lot No	Exp Date	Dose (mL)	Injection Route (Circle)	Injection Site (Circle)	Date On VIS
	IIV4	Flulaval GSK	Yes	Yes	95RZ3	06052020	0.5	IM	R L Arm	08152019
	IIV4	Sanofi Fluzone	No	No	UJ223AA	06302020	0.5	IM	R L Arm	08152019
	IIV4	Sanofi Fluzone	No	Yes	UJ6654KA	06302020	0.5	IM	R L Arm	08152019
	High Dose (IIV3-HD)	Sanofi Pasteur	No	Yes	UJ242AA	05042020	0.5	IM	R L Arm	08152019

Signature of Vaccine Administrator: _____