



**Independence  
Blue Cross**

# Influenza Vaccine Reimbursement Form

Please use this form to obtain reimbursement if you received a flu shot or FluMist in a location other than a doctor's office. Please submit one form for each member.

***Please print***

**Member identification number:** \_\_\_\_\_

***Member information***

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

**Type of service:**  Flu shot  FluMist **Amount paid:** \_\_\_\_\_

**Location where you received the flu shot or FluMist:** \_\_\_\_\_

**Date you received the flu shot or FluMist:** \_\_\_\_\_

**Claims Department (internal use)**

Procedure Code #	Description
90657	Influenza virus vaccine, split virus, for children 6 – 35 months of age, for intramuscular use
90658	Influenza virus vaccine, for use in individuals 3 years of age and above, for intramuscular use
90660	Influenza virus vaccine, live, for intranasal use
Diagnosis Code #	Description
V04.81	Prophylactic vaccination and inoculation influenza

**Mail this form and receipt for reimbursement up to \$25 to:**

**Keystone Health Plan East  
Keystone 65 HMO**  
P.O. Box 69353  
Harrisburg, PA 17106-9353

**BlueCard PPO  
Personal Choice®  
Personal Choice 65<sup>SM</sup> PPO**  
P.O. Box 69352  
Harrisburg, PA 17106-9352