



Flu & Pertussis Vaccination Reimbursement Form 2011 – 2012

Brown & Toland reimburses **HMO members** for flu and pertussis (Tdap) vaccinations obtained from a pharmacy, public health department, flu clinic or other location outside a Brown & Toland physician office.

Medicare Advantage members: please use this form for flu vaccination reimbursement only. For Tdap reimbursement, which is covered by Part D, contact your health plan.

To receive reimbursement, please complete the following steps:

1. Please check the vaccination(s) that you received.

Flu

Pertussis (Tdap) – *Not applicable for Medicare Advantage. Contact your health plan.*

2. Provide all of the information requested below.

| Please Print | |
|-------------------------|----------------------|
| Name: _____ | Date of Birth: _____ |
| Address: _____ _____ | Phone Number: _____ |
| | Subscriber ID: _____ |
| Health Plan: _____ | Doctor's Name: _____ |

3. Mail this reimbursement form **along with a copy of your receipt(s)** by July 1, 2012 to:

Brown & Toland Physicians
Attn: Claims/Adjustment Unit
P.O. Box 640469
San Francisco, CA 94164