



Seasonal Flu Vaccination Reimbursement Form HMO Members Only 2009-2010

If you are a Brown & Toland member and could not obtain a flu vaccination from your physician, Brown & Toland will reimburse you up to **\$25** if you receive your flu vaccination (shot or mist form) elsewhere.

Your child should receive two doses of flu vaccination, at least four weeks apart, if the following applies to your child:

- He/she is between 6 months and 8 years of age and getting the flu vaccine for the first time.
- He/she is between 6 months and 8 years of age and has only received one dose previously.

If your child requires two vaccinations, Brown & Toland will reimburse for both.

To receive reimbursement, please complete the following steps:

- Complete the Brown & Toland reimbursement form.
- Mail reimbursement form along with a copy of your flu shot receipt to the address below.
- Please submit flu shot reimbursement forms between **Sept. 1, 2009** and **April 1, 2010**.
- Please mail reimbursement form to:

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

Please Print

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Health Plan Name: _____

Subscriber ID: _____

Doctor's Name: _____