



Shingrix Vaccination Reimbursement Form 2018

Brown & Toland Physicians reimburses **Commercial HMO members** up to \$170.00, per dose, for Shingrix vaccine (recombinant zoster vaccine) obtained from a pharmacy, public health department, flu clinic or other location outside a Brown & Toland physician office.

To receive reimbursement, please complete the following steps:

1. Please check the vaccination(s) that you received.
 - Shingrix (shingles)
2. Provide all the information requested below.

Member Reimbursement Form	
Please print the information below:	
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 **December 31, 2018** to:

Brown & Toland Physicians
Attn: Claims/Adjustment Unit
P.O. Box 72710
Oakland, CA 94612-8910