

Independence Blue Cross Influenza 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 Name:

Last _____ First _____ M.I. _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Please indicate the location where you received your Flu shot or FluMist:

*Please check your type of coverage
and type of service below:*

Mail this form and your receipt to:

- Keystone Health Plan East**
 Flu shot
 FluMist

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

- Keystone 65**
 Flu shot
 FluMist

Keystone 65
P.O. Box 69353
Harrisburg, PA 17106-9353

- Personal Choice®**
 Flu shot
 FluMist

Personal Choice
P.O. Box 69352
Harrisburg, PA 17106-9352

- Personal Choice 65**
 Flu shot
 FluMist

Personal Choice 65
P.O. Box 69352
Harrisburg, PA 17106-9352

In order to receive your reimbursement, you must include your paid receipt.



**Independence
Blue Cross**

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Ins. Co., and with Highmark Blue Shield - independent licensees of the Blue Cross and Blue Shield Association.