GetA*FluShot*.com

A Professional Health Care LLC Company, Established 1989
Community Immunization Provider since 1991

PEBB Insurance Claim Form and Consent: Influenza Immunization

Please check primary insurance plan:
❑ **Providence Choice** ❑ **PEBB Statewide Plan (Providence)**
❑ **Kaiser Permanente** ❑ **AllCare Health** ❑ **MODA**

Patient Information (PLEASE PRINT)

Last Name: First Name: (middle initial) MI:

Primary Insurance ID #

(Secondary Insurance)
Insurance Plan: ID Number:

(Month/Day/Year)
Date of Birth:_____ Sex: ❑F ❑M

Mailing Address:

City: State: ZIP Code:

Phone #: (_____)_____-_____

Have you ever had a flu vaccination before? ❑Yes ❑ No ❑ Unsure Are you allergic to eggs? ❑Yes ❑ No

Have you ever had a severe reaction to a flu shot? ❑Yes ❑ No Are you allergic to latex? ❑Yes ❑No

Do you have a history of Guillain-Barre Syndrome? ❑Yes ❑ No If female, are you pregnant? ❑Yes ❑ No

I have read/had explained to me the Vaccine Information Statement about influenza and influenza vaccine. I have had a chance to ask questions and had them answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me or to the person named above for whom I am authorized to make this request. I agree that neither GetAFluShot.com nor its sponsor or host site shall have any responsibility or liability if I contract influenza or other respiratory diseases, or suffer any other adverse reaction, following administration of the flu shot. I understand that I am responsible for payment for the vaccine if my insurance carrier denies payment.

X Signature of responsible person: **Relationship:** **Date:**

Community Provider/Health Plan Use Only

Federal Tax ID: 91-1754065 Service Location: 60
Practice NPI # On file

CPT Code (Inj. Vaccine/Admin): 90661

Diagnosis Code: V04.81

Clinic Use Only

PEBB Clinic Location: _____

Date of Vaccination: _____

Mfg/Lot #:_____ Expiration Date: _____

Nurse's Initials:_____ Site of Injection: **L R Deltoid**

Please remit to: **GetAFluShot.com**
2580 Kensington Ct
West Linn, OR 97216

(503) 258-9800 or (877) 358-7468
(503) 258-8311 fax

GAFS 8/1/15