



WellFirst Health®

Flu Vaccination Reimbursement Form

WellFirst Health Plan will reimburse up to \$33 per member for flu vaccinations administered by non-WellFirst Health Plan providers. Remember, the seasonal flu vaccine also protects against H1N1. Only one vaccination is necessary.

Return this completed form, along with a copy of your receipt, to:

**WellFirst Health Plan
Claims Department
P.O. Box 56099
Madison, WI 53705**

Please submit a separate form for each family member or dependent receiving a vaccine.

Member Name _____

Member Number (found on your ID card) _____

Member Address _____

State ___ **ZIP** _____ **Date of Birth** _____ / _____ / _____

Check one:

- Member is 0-3 years old
- Member is age 4 or older

Reimbursement can take 30-45 days from the date WellFirst Health Plan receives this form. Vaccination charges that exceed \$33 from non-WellFirst Health Plan providers are the member's responsibility. WellFirst Health Plan cannot reimburse flu vaccinations paid for with flu vaccination gift cards.