

## 2020-2021 Flu Insurance Information Form

The completion of this form is necessary for every vaccine recipient. If no insurance information is available, please fill out as much as possible using existing information.

**Information about the person to receive vaccine** (please print): \*Required Fields

Name: (Last, First, MI)*	Date of birth: *	Age*	Sex: (Circle)*
	_____ Month    Day    Year		Male    Female
Street Address:*			
City:*	State: *	Zip:*	Phone:*
			(    )

**Insurance Information:** Include the whole member ID number and any letters that are part of that number

Name of Insurance Company:*	Member ID Number:*	Group ID Number: (if available)
Medicare Number:	Is Medicare Primary? Yes    No	Is Subscriber Retired? Yes    No

**If person getting vaccinated is not the insurance subscriber/policy holder, please complete the following:**

Subscriber's Name: (Last, First, MI)*	Subscriber's Date of Birth: *	Sex: (Circle)*
	_____ Month    Day    Year	Male    Female
Patient Relationship to Subscriber: (Circle)*    Spouse    Child    Other		

**I give permission for my insurance company to be billed, MIIS (Vaccine Registry) to be informed:**

X \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of patient, parent or legal guardian)

**For children 18 years of age and younger:**

Is Vaccine for Children (VFC) Program eligible:

Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid)

Does not have health insurance

Is American Indian (Native American) or Alaska Native

Is not VFC-eligible:

Has health insurance and is not American Indian (Native American) or Alaska Native

For Clinic/Office Use Only					Vaccine Administrator Signature:						
Date of Service	Vax Type	Vaccine Mfgr	State Supplied	Preserv Free*	Lot No	Exp Date	Dose (mL)	Injection Route	Injection Site <span style="color: red;">(Circle)</span>	Date On VIS	Date VIS Given
	IIV4	Sanofi Pasteur	No Yes	Yes			0.5	IM	R Arm L Arm	8/15/19	
	Fluzone High Dose (HD-IIV4)	Sanofi Pasteur	No	Yes			0.7	IM	R Arm L Arm	8/15/19	

Provider Name: Woburn Board of Health    MDPH Provider PIN#: 11813

Provider Address: 144 School St. Woburn, MA 01801