

PEBB Insurance Claim Form and Consent: Influenza Immunization

Please check primary insurance plan: ☐ Providence Choice ☐ Kaiser Permanente
☐ PEBB Statewide Plan (Providence) ☐ _____

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 # 1790969491

CPT Code (Inj. vaccine): 90658 CPT Code (admin): 90471

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**
135 SE 102nd Ave
Portland, OR 97216

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

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