

Flu Vaccination Reimbursement Form



We'll reimburse you up to \$33 for flu vaccinations administered by an out-of-network care provider. Remember, the seasonal flu vaccine also protects against H1N1. And you only need one vaccination.

Mail this completed form and a copy of your receipt to:

Medica
P.O. Box 56099
Madison, WI
53705-9399

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 we receive this form. Vaccination charges that exceed \$33 from an out-of-network provider are your responsibility. Flu vaccinations paid with flu vaccination gift cards aren't eligible for reimbursement.

