Independence Blue Cross
Influenza Reimbursement Form

Please use this form to obtain reimbursement if you received a Flu shot or FluMist in a location other than a doctor's office. Please submit one form for each member.

Please Print:

Member Identification Number:

Member Name:

Last______________________ First _________________M.I. _____ Date of Birth__________

Address ____

City __________________________________ State_________ Zip Code ________________

Please indicate the location where you received your Flu shot or FluMist:

Please check your type of coverage and type of service below:

- ☐ **Keystone Health Plan East**
  - ☐ Flu shot
  - ☐ FluMist
- ☐ **Keystone 65**
  - ☐ Flu shot
- ☐ **Personal Choice®**
  - ☐ Flu shot
  - ☐ FluMist
- ☐ **Personal Choice 65**
  - ☐ Flu shot

Mail this form and your receipt to:

Keystone Health Plan East
P.O. Box 898815
Camp Hill, PA 17089-8815

Keystone 65
P.O. Box 898815
Camp Hill, PA 17089-8815

Personal Choice
P.O. Box 890016
Camp Hill, PA 17089-0016

Personal Choice 65
P.O. Box 890016
Camp Hill, PA 17089-0016

In order to receive your reimbursement, you must include your paid receipt.

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Ins Co., and with Highmark Blue Shield – independent licensees of the Blue Cross and Blue Shield Association.