

Subscriber Reimbursement Claim Form Costco Pharmacy Flu Vaccination



of South Central Wisconsin

This form is exclusive for reimbursement of flu shots received at a Costco Pharmacy.

GENERAL INSTRUCTIONS

GHC-SCW members may receive flu shots at Costco Pharmacy, will need to pay in advance, fill out this form completely, and send in for reimbursement.

PLEASE FOLLOW INSTRUCTIONS BELOW TO RECEIVE REIMBURSEMENT

- Fill out this form completely.
 - Items left blank may prevent or delay in processing of your claim
- Include proof of payment of vaccination (i.e., cash receipt, credit card statement, copy of cancelled check)
- Write your GHC-SCW member ID number on all paperwork you submit
- Submit a separate form for each individual family member or dependent receiving a vaccine
- Submission options are:
 - **By mail** (GHC-SCW Claims Department, PO Box 44971, Madison, WI 53744-4971)
 - **By fax** (608-828-4856, include "Attention Subscriber Reimbursement" on documents)
 - **By email** (claimsdepartment@ghcscw.com)
- Form submission deadline will be one year following date of flu shot

PATIENT INFORMATION

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Last Name	First Name	MI	Member ID#
Street Address		City	State Zip
		()	
Subscriber Name (if different from patient)	Subscriber Member ID#	Phone	

SERVICE INFORMATION

Date of Service (mm/dd/yyyy)	Place of Service	Procedure Code #	Diagnosis Code	Charges
/ /	Costco Pharmacy	<input type="checkbox"/> Afluria PFS: 90686 <input type="checkbox"/> Flucelvax PFS: 90674 <input type="checkbox"/> Fluad PFS: 90694	Z 23	\$
Total Charges				\$

Contact Member Services for benefits questions at 608-828-4853. Toll Free 800-605-4327