

**Annual Flu Shot:**

An annual flu shot is offered at no cost to all Medicare members. It must be completed during 2021 in order for you to be eligible to receive a reward card.

According to the Centers for Disease Control and Prevention, it is not possible to predict what any flu season will be like. The timing, severity, and length of the flu season usually varies from one year to the next.

CareFirst BlueCross BlueShield Medicare Advantage encourages members to get a flu shot. Human immune defenses become weaker with age. The flu can be serious for people age 65 and older or with other health risk factors.

Call your doctor today to schedule your flu shot. Some pharmacies can also give members a flu shot at no cost to the member. Be sure to ask if your pharmacy can give you a shot at no cost.

**Healthcare Professional:** Please sign and date this form, then fax it and proof of service to 410-779-3957. Please note, all data fields must be completed in order for your CareFirst BlueCross BlueShield Medicare Advantage patient to receive their reward card.

**Name of Healthcare Professional:**

\_\_\_\_\_

**Practice/Pharmacy Name:** \_\_\_\_\_

**Practice/Pharmacy Phone:** \_\_\_\_\_

**Practice/Pharmacy Fax:** \_\_\_\_\_

**NPI:** \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

\_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**I confirm that I administered a flu shot to:**

**Member Name:** \_\_\_\_\_

**Member ID:** \_\_\_\_\_

**Member Date of Birth:** \_\_\_\_\_

**Please sign:** \_\_\_\_\_

**Provider Use Only:** Please use one of these codes for influenza administration codes:

90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, or G0008

# 2021

## Annual Flu Shot

### Getting your reward card is easy.



**1** Call your doctor to schedule an annual flu shot. If you prefer, we can assist you in scheduling your visit, just call our Member Services number.

Take this booklet with you to your appointment.



**3** During your appointment, ask the doctor or office staff to fill out, sign and date the form that relates to the appointment.

Write your full name and member identification number (located on the front of your member ID card) on the form.



**5** Ask the office staff to fax the completed form to CareFirst BlueCross BlueShield Medicare Advantage at 410-779-3957 or mail to the address below.

CareFirst BlueCross BlueShield Medicare Advantage  
Attn: Quality Dept.  
1966 Greenspring Drive, Suite 100  
Timonium, MD 21093

Your reward card will arrive in the mail within six (6) to eight (8) weeks after we receive the completed form from your doctor and have verified the services. Reward cards cannot be used to buy tobacco or alcohol. Reward cards cannot be converted to cash. You can only receive one (1) reward card for one (1) flu shot in 2021.

### HEALTHCARE PROFESSIONAL USE:

- Please fill in all data fields (including member name and ID). Sign and date the form.
- Fax the form to CareFirst BlueCross BlueShield Medicare Advantage at 410-779-3957.