

2026 Annual Flu Shot Form

We've included a form for you to fill out, sign and date after you take your Annual Flu Shot.

INSTRUCTIONS

- **Email:** CareFirstRewards@carefirst.com
- **Mail:** CareFirst BlueCross BlueShield Medicare Advantage
Attn: Quality Dept., P.O. Box 915, Owings Mills, MD 21117
- **Fax:** completed form to 410-779-3957

COMPLETE THE INFORMATION BELOW

Name of Healthcare Professional

Practice/Pharmacy Name

Practice/Pharmacy Phone

Practice/Pharmacy Fax

NPI Number

Location/Address

Member Name

Member ID

Member Date of Birth

Date of Flu Shot

Signature

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