

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	
<ul style="list-style-type: none"> ■ 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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