

2020-2021 Flu Insurance Information Form

The completion of this form is necessary for every vaccine recipient. If no insurance information is available, please fill out as much as possible using existing information.

Information about the person to receive vaccine (please print): *Required Fields

Name: (Last, First, MI)*	Date of birth: *	Age*	Sex: (Circle)*
	_____ Month Day Year		Male Female
Street Address:*			
City:*	State: *	Zip:*	Phone:*
			()

Insurance Information: *Include the whole member ID number and any letters that are part of that number*

Name of Insurance Company:*	Member ID Number:*	Group ID Number: (if available)
Medicare Number:	Is Medicare Primary? Yes No	Is Subscriber Retired? Yes No

Insurance subscriber/policy holder, please complete the following:

Subscriber's Name: (Last, First, MI)*	Subscriber's Date of Birth: *	Sex: (Circle)*
	_____ Month Day Year	Male Female
Subscriber's Street Address: * (If different from address above)		
City:*	State:*	Zip: *
		()
Patient Relationship to Subscriber: (Circle)* Spouse Child Other		

I have been given a copy and have read and/or had explained to me the 2020-2021 Seasonal Influenza Vaccine Information Statement and understand the risks/benefits. I give permission for vaccine administration, for my insurance company to be billed and entry/sharing of this information in the Massachusetts Immunization Information System (MIIS).

X _____ Date: _____
 (Signature of patient, parent or legal guardian)

Please complete this section for children 18 years of age and younger:

Is Vaccine for Children (VFC) Program eligible:	
<input type="checkbox"/>	Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid)
<input type="checkbox"/>	Does not have health insurance
<input type="checkbox"/>	Is American Indian (Native American) or Alaska Native
Is not VFC-eligible:	
<input type="checkbox"/>	Has health insurance and is not American Indian (Native American) or Alaska Native

Provider (Check)	Provider Name/Address	Provider PIN #:
x	Town of Grafton, Board of Health, 30 Providence Road, Grafton, MA 01519	14900
	Town of Holden, Board of Health, 1196 Main Street, Town Hall, Holden, MA 01520	22556
	Town of Leicester, Board of Health, 3 Washburn Square, Leicester, MA 01524-1333	14877
	Town of Shrewsbury, Board of Health, 100 Maple Avenue, Shrewsbury, MA 01545	11542
	City of Worcester, Division of Public Health, 25 Meade Street, Room 200, Worcester, MA 01610	11816

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For Clinic/Office Use Only:

Date of Service	Vax Type	Vaccine Mfgr	Lot No	Exp Date	Dose (mL)	State Supplied	Preserv Free	Injection Route	Injection Site (Circle)	Date On VIS	Date VIS Given
	cclIV4	Seqirus (Flucelvax)	276560	06/30/2021	0.5	Yes	Yes	IM	R Arm L Arm R Leg L Leg	08/15/2019	
	cclIV4	Seqirus (Flucelvax)	283852	06/30/2021	0.5	No	No	IM	R Arm L Arm R Leg L Leg	08/15/2019	
	IIV4	Flulaval (GSK)	4BH32	06/30/2021	0.5	Yes	Yes	IM	R Arm L Arm R Leg L Leg	08/15/2019	
	IIV4	Sanofi Pasteur (Fluzone)	UT7035JA	06/30/2021	0.5	No	Yes	IM	R Arm L Arm R Leg L Leg	08/15/2019	
	IIV4				0.5			IM	R Arm L Arm R Leg L Leg		

IIV4 = Inactivated Influenza Vaccine, Quadrivalent
 cclIV4 = cell cultured inactivated influenza Vaccine, Quadrivalent

Signature of Vaccine Administrator:

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