

Coventry Health Care of Missouri, Inc. Reimbursement Form for Flu Shot

If you obtain your flu shot from a provider who is not participating with Coventry Health Care, please note that you will be reimbursed **up to the Medicare allowable for the flu shot**. If the provider from whom you received your flu shot charges more than this, you will be responsible for the balance.

Please complete this reimbursement form, attach your paid receipt, and send them to the address listed below.

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Member Number: _____ Date of Birth: _____

Primary Care Physician: _____

Date of Flu Shot: _____ Cost: _____

Place Received: _____

This form is to be used for flu shot reimbursement only. Please ask your participating physician if a pneumonia shot is recommended for you.

Please return this form along with copy of paid receipt to:

Coventry Health Care

P.O. Box 7374

London, KY 40742-7374