AmeriHealth NEW JERSEY

Health insurance that pays.SM

Influenza Vaccine Reimbursement Form

Please use this form to obtain reimbursement if you received a flu shot or FluMist in a non-participating location. Please submit one form for each member.

Please print

Member Identification Number _____

Member Information

(Last, First, M.I.)		Date of birth	
Address	City	State	Zip Code
Amount paid for flu shot or FluMist _____			
Location where you received the flu shot or FluMist _____			
Date you received the flu shot or FluMist _____			

AmeriHealth members with HMO, POS, and PPO plans can receive up to a $25 reimbursement by mailing this form and paid receipt to the address below.

Medicare Advantage members can receive reimbursement for the full out-of-pocket amount by mailing this form and paid receipt to the address below.

AmeriHealth Processing Center
P.O. Box 41574
Philadelphia, PA 19101-1574

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