

# Influenza Vaccine Reimbursement Form

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

**Member identification number** \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

**Amount paid for flu shot** \_\_\_\_\_

**Location where you received the flu shot** \_\_\_\_\_

**Date you received the flu shot** \_\_\_\_\_

Plan members can receive up to a \$50 reimbursement by mailing this form and paid receipt to the address below:

Independence Administrators  
P.O. Box 21974  
Eagan, MN 55121

For Internal Use Only (Claims Department)	
<b>Supplier</b>	MEDICAL PRACTITIONER NP 1900 Market St Ste 500 Philadelphia, PA 19103 TIN: 99-9999999
<b>ICD10</b>	Z23
<b>Procedure Code</b>	Q2039
<b>POS</b>	01



**Independence**  
Independence Administrators

## **Nondiscrimination Notice and Notice of Availability of Auxiliary Aids and Services**

Independence Administrators complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independence Administrators does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independence Administrators:

- Provides free aids and services to people with disabilities to communicate effectively with us and written information in other formats, such as large print
- Provides free language services to people whose primary language is not English and information written in other languages

If you need these services, contact our Civil Rights Coordinator.

If you believe that Independence Administrators has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

There are four ways to file a grievance directly with Independence Administrators:

- by mail: Independence Administrators, ATTN: Civil Rights Coordinator, 1900 Market Street, Philadelphia, PA 19103;
- by phone: 888-356-7899 (TTY 711);
- by fax: 215-761-0920; or
- by email: [IACivilRightsCoordinator@ibxtpa.com](mailto:IACivilRightsCoordinator@ibxtpa.com).

If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## **Language Access Services**

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en su tarjeta de identificación (TTY: 711).

**注意:** 如果您使用简体中文, 您可以免费获得语言协助服务。请致电您ID卡上的电话号码。

**LƯU Ý:** Nếu quý vị nói tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Xin gọi số điện thoại trên thẻ ID của quý vị.

**ВНИМАНИЕ:** Если вы говорите по-русски, вам предлагаются бесплатные услуги переводчика. Позвоните по телефону на вашем удостоверении.

**Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf die Nummer uff dei ID-Card uff.**

