



Independence Administrators

Shingles Vaccine Reimbursement Request

If you got a shingles vaccine at a location that does not participate in your network, you can use this form to request reimbursement for the amount you paid. Submit one form for each plan member.

Complete and mail this form with a copy of the receipt showing what you paid to:

Independence Administrators
c/o Processing Center
P.O. Box 21974
Eagan, MN 55121

YOUR INFORMATION		
Member identification number		Birthdate
Last name	First name	Middle Initial
Address		
City	State	Zip code
SERVICE INFORMATION		
Which shingles vaccine did you get? <input type="checkbox"/> Shingrix <input type="checkbox"/> Zostavax <i>Please be sure to check one box. We need to know which vaccine you got in order to reimburse you.</i>		
How much did you pay for the vaccine?	Date you got the shingles vaccine	
Where did you get the vaccine? (Name and location of the pharmacy, doctor, etc.)		

For internal use only (Claims Department)		
Vaccine	Shingrix	Zostavax
Supplier	MEDICAL PRACTITIONER NP 1900 Market St, Ste 500 Philadelphia, PA 19103 TIN: 99-9999999	MEDICAL PRACTITIONER NP 1900 Market St, Ste 500 Philadelphia, PA 19103 TIN: 99-9999999
ICD10	vo5.8	vo5.8
Procedure code	90750	90736
POS	11	11

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: 844-864-4352 (TTY 711);
- by fax: 215-761-0920; or
- by email: 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.

알림: 한국어 통역서비스가 필요한 분은 귀하의 ID 카드에 나와있는 번호로 전화하십시오. 통역서비스를 무료로 받으실 수 있습니다.

ATTENZIONE: se parla italiano, sono disponibili per lei servizi di assistenza linguistica gratuiti. Contatti il numero che vede sulla sua carta d'identità.

انتباه: إذا كنت تتحدث العربية فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على الرقم الموجود على بطاقة التعريف الخاصة بك.

ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le numéro indiqué sur votre carte d'identité.

HINWEIS: Wenn Sie Deutsch sprechen, steht Ihnen über Language Assistance Services ein Dolmetscher kostenlos zur Verfügung. Wenden Sie sich an die Nummer auf Ihrer ID-Karte.

ધ્યાન આપો : જો તમે ગુજરાતી બોલી શકતા હો, તો તમારા માટે ભાષા સહાય સેવાઓ, વિના મૂલ્યે, ઉપલબ્ધ છે. તમારા ID કાર્ડ પરના નંબર પર કોલ કરો.

UWAGA: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany na Twojej karcie identyfikacyjnej.

ATANSYON: Si ou pale kreyòl ayisyen, gen asistans ak lang disponib pou ou gratis. Rele nimewo ki sou do kat idantifikasyon ou a.

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសា មន-ខ្មែរ ប្រទេសខ្មែរ សេវាជំនួយភាសាដែលឥតគិតថ្លៃមានសម្រាប់អ្នក។ សូមទូរស័ព្ទមកលេខនៅលើកាតសំគាល់ខ្លួនរបស់អ្នក។

ATENÇÃO: se você fala português, serviços de assistência a idioma estão disponíveis gratuitamente para você. Ligue para o número no seu cartão de identificação.

BAA ÁKONÍNÍZIN: Diné bizaad bee yáníłti'go, ata' hane' bee áká i'iilyeed t'áá jíík'e bee ná ahóót'i'. Naaltsoos bee nééhózingo nanitínígíí bik'ehgo hane'í bikáá'ígíí bich'í' hólne'.

PAUNAWA: Kung nagsasalita ka ng Tagalog, makakakuha ka ng mga serbisyo ng tulong para sa wika nang walang bayad. Tawagan ang numero sa ID card ninyo.

注意：日本語をお話しになる場合は、言語支援サービスを無料でご利用いただけます。IDカードの番号にお電話ください。

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک در زمینه زبان، به رایگان در اختیار شما می باشد. با شماره نوشته شده روی کارت عضویت خود تماس بگیرید.