

Independence Blue Cross Influenza Reimbursement Form

Please use this form to obtain reimbursement if you received a Flu shot or FluMist in a location other than a doctor's office. Please submit one form for each member.

Please Print:

Member Identification Number: _____

Member Name:

Last _____ First _____ M.I. _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Please indicate the location where you received your Flu shot or FluMist:

Please check your type of coverage and type of service below:

Mail this form and your receipt to:

- Keystone Health Plan East**
 - Flu shot
 - FluMist

Keystone Health Plan East
P.O. Box 69353
Harrisburg, PA 17106-9353

- Keystone 65**
 - Flu shot

Keystone 65
P.O. Box 69353
Harrisburg, PA 17106-9353

- Personal Choice®**
 - Flu shot
 - FluMist

Personal Choice
P.O. Box 69352
Harrisburg, PA 17106-9352

- Personal Choice 65**
 - Flu shot

Personal Choice 65
P.O. Box 69352
Harrisburg, PA 17106-9352

In order to receive your reimbursement, you must include your paid receipt.



Independence Blue Cross

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Ins. Co., and with Highmark Blue Shield - independent licensees of the Blue Cross and Blue Shield Association