

Influenza Vaccine Charge Form

Patient: Please fill out this section

Name: _____

Birthdate: _____

Address _____

Phone: _____

Social Security No. _____

Insurance: _____

Group No. _____

HAVE YOU HAD ANY LABS OR X-RAYS DONE IN THE HOSPITAL TODAY?
 No Yes (Please list) _____

This section to be filled out by nurse/health care provider:

BMC 423-		GMC 419-		KMC 422-		WMC 420-	
File #	Date:	FLU	PNEUMO	FLU/PNEUMO			
Name:		V0481	V0382	V06.6			
medicare	wellmark	self	other				
___-0657	Influenza	6-35 mo	90657	\$15			
___-0658	Influenza	3 yr or >	90658	\$15			
___-0008	injection- medicare		G0008	\$10			
___-0008	injection- non medicare		90471	\$10			
___-0669	pneumovax	under ag	90669	\$42			
___-0732	pneumovax	over age	90732	\$42			
___-0009	injection- medicare		G0009	\$16			
___-0009	injection- non medicare		90471	\$16			

NDC CODE:

INFLUENZA	PNEUMOCOCCAL
49281-382-15	0006-4943-00