



Reimbursement Form for Zostavax

Zostavax (Herpes Zoster Vaccine) is recommended by the Centers for Disease Control and Prevention (ACIP) for the prevention of shingles in adults 60 years of age and older. The type of insurance you have will determine if the vaccine is covered and where you can get vaccinated.

If you have **Medicare with Prescription Drug Coverage (Part D)**, then you or your physician must contact your **prescription drug plan** and ask:

1. Is the vaccine covered?
2. Where do I get vaccinated?
3. How do I get reimbursed if I pay out of my own pocket?

Hill Physicians is not responsible for reimbursement for Medicare patients.

If you are **NOT** a Medicare member, then:

1. Go to your primary care provider to get vaccinated. If your physician does not have the vaccine, then
2. Call a pharmacy to see if they give the vaccine.
3. When getting vaccinated, ask the pharmacy its tax ID number (TIN) and write it down.
4. Keep your original pharmacy and cash register receipts and submit them with the form below to Hill Physicians for reimbursement of up to \$250.

Reimbursement Steps for **non-Medicare members**:

1. Fill out the form below.
2. Attach **2** receipts (**original** pharmacy receipt and a copy of the cash register receipt).
3. Mail in form by **December 31, 2017**, to:

Hill Physicians Medical Group
Zostavax Reimbursement Program
PO Box 5080
San Ramon, CA 94583-0980

Member Reimbursement Form

Doctor's Name: _____ Health Plan Name: _____

Subscriber ID # (listed on your insurance card): _____

Your First and Last Name: _____

Street Address: _____

City: _____ State: CA Zip: _____

Date of Birth for Person Receiving Vaccination: _____

Phone Number with Area Code: _____

Where Service Was Performed: _____

Pharmacy's TIN (tax ID): _____

* Allow 2-4 weeks for reimbursement check.