

**2009 – 2010 Flu Shot  
ID Flu Shot Clinic Reimbursement Form**

<b>Provider Information</b>	
<b>Provider Tax ID #:</b>	
<b>Provider Name:</b>	
<b>Provider Address:</b>	
<b>Provider Phone #:</b>	
<b>Provider Contact Name:</b>	
<b>Provider NPI#:</b>	
<b>Member Information</b>	
<b>Member ID #</b>	
<b>Member Last Name</b>	
<b>Member First Name</b>	
<b>Date of Service</b>	
<b>Flu Shot/Administration</b>	
<b>Code</b>	<b>Billed Amount</b>
<b>90658</b>	
<b>90471</b>	

Mail completed form to:

Ruth Gibbons  
Regence Blue Shield of Idaho  
P.O. Box 2560  
Boise, ID 83701