

### Seasonal Flu Vaccination Form

Please complete this form and return it to Dean Health Plan with a copy of your receipt. Dean Health Plan will reimburse up to \$25 per member for seasonal flu vaccinations administered by non-Dean providers.

**Dean Health Plan  
Claims Department  
1277 Deming Way  
Madison, Wisconsin 53717**

Please submit a separate form for each family member or dependent receiving a vaccination

**Member Name** \_\_\_\_\_

**Member ID Card Number** \_\_\_\_\_

**Member Address** \_\_\_\_\_

**State** \_\_\_\_ **Zip** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check one:**

- Member receiving vaccination is 0-3 years old
- Member receiving vaccination is over three years old

*Reimbursement for this service can take up to 30 days from the date your claim is received by Dean Health Plan.*

**Thank You**



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