

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 and H1N1 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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