

## 2016-2017 Adult Flu Insurance Information Form

**Information about the person to receive vaccine (please print):** \*Required Fields

Name: (Last, First, MI)*	Date of birth: *	Age*	Sex: (Circle)*
	_____ Month    Day    Year		Male    Female
Street Address:*			
City:*	State: *	Zip:*	Phone:*
			(    )

**Insurance Information:** *Include the whole member ID number and any letters that are part of that number. A copy of ALL insurance cards (including Medicare) can replace filling out this section.*

Name of Insurance Company:*	Member ID Number:*	Group ID Number: (if available)
Medicare Number:	Is Medicare Primary? Yes    No	Is Subscriber Retired? Yes    No

**If person getting vaccinated is not the subscriber, please complete the following:**

Subscriber's Name: (Last, First, MI)*	Subscriber's Date of Birth: *	Sex: (Circle)*
	_____ Month    Day    Year	Male    Female
Subscriber's Street Address: * (If different from address above)		
City:*	State:*	Zip: *
		(    )
Patient Relationship to Subscriber: (Circle)*    Spouse    Child    Other		

**I give permission for my insurance company to be billed.**

X \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of patient or legal guardian)

Provider Name: \_\_\_Town of Upton/Upton Health Services\_\_\_\_\_ MDPH Provider PIN#: \_11699

Provider Address: 1 Main St. Upton, MA 01568    Mailing Address: 1 Main St. Box 3 Upton, MA 01568

## 2016-2017 Adult Flu Insurance Information Form

**For Clinic / Office Use:**

**Signature of Administrator (on file): \_\_\_\_\_ (initials)**

Date of Service	Vax Type	Vaccine Mfgr	Lot No	Exp Date	Dose (mL)	State Supplied	Preserv Free	Injection Route	Injection Site <b>(Circle)</b>	Date On VIS	Date VIS Given
	IIV4 Fluzone	Sanofi Pasteur	UI673AC	6/30/17	0.5	No	No	IM	R Arm L Arm	August 7, 2015	DOS

PLEASE READ: Your shot information will be entered into the Massachusetts Immunization Information System (MIIS) as required by Massachusetts General Laws Ch. 111, section 24M. The MIIS is a confidential, computerized statewide immunization tracking system. Immunization records may be shared with health care providers, school nurses, local boards of health and state agencies concerned with immunization. You can choose to restrict who may see your shot information in the MIIS at any time. For more information, contact Trish Parent, RN at the Upton Board of Health 508 529 3110.

Provider Name: \_\_\_\_Town of Upton/Upton Health Services\_\_\_\_\_ MDPH Provider PIN#: \_11699

Provider Address: 1 Main St. Upton, MA 01568 Mailing Address: 1 Main St. Box 3 Upton, MA 01568

---