

Request for Reimbursement for Shingles Vaccination Received at a Pharmacy



Please complete this form and submit with your supporting documents.

NOTE: Please only use this form when submitting reimbursement requests for a shingles vaccination provided by a pharmacy. Do not use this for a vaccination received at a doctor's office—your doctor will submit those charges on your behalf.

WPS Customer Number

Customer Name (First, MI, Last)

Customer Phone

Customer Mailing Address

(City, State, ZIP)

Please submit both the pharmacy receipt and the cash register receipt. The charges for vaccination services must match on both receipts.

By checking this box, I certify I **have not** submitted a reimbursement request for this service to my Prescription Drug Plan (PDP).

NOTE: This form will not be accepted unless this box is checked.

Please provide the following information related to your shingles vaccination. The pharmacy receipt and/or documentation must contain *all* of the following information.

Pharmacy Name

Date of Service

Place of Service

Name of Vaccine and Dosage

NDC Number

Amount Charged (Itemized)

CPT Code or Procedure Code (Optional)

Customer Signature

Date Signed

Please submit this completed form, the pharmacy receipt, the cash register receipt, and any other supporting documentation to the address below. Please keep copies of all the documents you submit for your records.

WPS Health Insurance
PO Box 21341
Eagan, MN 55121

Or fax to: 1-608-327-6332

If you have any questions, please call **Customer Support** at 1-888-253-2694, Monday—Friday from 7:30 a.m. to 5 p.m. CT.

WPS | **HEALTH INSURANCE**
Medicare supplement insurance

Neither Wisconsin Physicians Service Insurance Corporation, nor its agents, nor products are connected with the federal Medicare program.