



Blue Cross Blue Shield of Michigan Medicare Advantage Plans
INFLUENZA IMMUNIZATION ROSTER\*

Provider\*\* Name: \_\_\_\_\_

Date of Service: \_\_\_\_\_

National Provider Identification Number: \_\_\_\_\_

Table with 7 columns: Member Contract Number\*\*\*, Last Name, First Name, Date of Birth (mm/dd/yyyy), Sex M/F, Patient Address, Patient Signature. The table contains 14 empty rows for data entry.

Clinic Location: \_\_\_\_\_

Nurse's Initials: \_\_\_\_\_

Submit one claim for each date of service.

WARNING: Patients must be asked if they have been previously vaccinated for PPV. Rely on patients memory to determine prior vaccination status. If patients are uncertain whether they have been vaccinated within the past five years, administer the vaccination. If patients are certain that they have been vaccinated within the past five years do not revaccinate.

\* This roster is the property of Blue Cross Blue Shield of Michigan and is considered proprietary and confidential.

\*\* Provider must accept BCBSM payment as payment in full.

\*\*\* See the member's BCBSM Medicare Advantage ID card, do not use HIC numbers.