



Blue Cross Blue Shield Of Michigan Medicare Advantage Plan
PNEUMOCOCCAL POLYSACCHARIDE VIRUS (PPV) IMMUNIZATION ROSTER*

Provider** Name: _____ Date of Service: _____

Medicare Provider Identification Number: _____ 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 the Blue Cross Blue Shield Medicare Advantage payment as payment in full.

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