

Anthem Retail Clinic Flu Shot Reimbursement Form

To be completed by Employee:

Employee Name:	Employee Member ID:
Patient Name:	
Employee Address: <i>Street Address</i>	Employee Date of Birth:
<i>City</i> <i>State</i> <i>Zip</i>	
Date of Service(s):	
Name of Clinic:	
Address of Clinic:	
Requested Reimbursement Amount:	

Employees enrolled in Citi's Medical plans, administered by Anthem BlueCross BlueShield, are eligible for retail clinic reimbursement for shingles and flu shots.

Please be sure to attach itemized receipts before sending this form to Anthem for reimbursement.

If you have questions, please contact Anthem by calling the number on the back of your ID Card. Mail this form and receipt(s) to the following address:

Anthem BlueCross BlueShield
Attn: Maria Ferri/Manager, Member Services/NY0V03-322
85 Crystal Run Rd
Middletown, NY 10940-9766

Or, fax this form and receipt(s) to:

800-927-4092
Attention:
Maria Ferri 0101MF

You may also email the form and receipt(s) securely by signing into anthem.com.

Employee Signature: _____

Date: _____