

Annual Flu Shot

An annual flu shot is offered at no cost to all Medicare members. It must be completed in-person during 2024 in order for you to be eligible to receive a healthy reward.

According to the Centers for Disease Control and Prevention, it is not possible to predict what any flu season will be like. The timing, severity and length of the flu season usually varies from one year to the next.

CareFirst BlueCross BlueShield Advantage DualPrime encourages members to get a flu shot. Human immune defenses become weaker with age. The flu can be serious for people age 65 and older or with other health risk factors.

Call your doctor today to schedule your flu shot. Some pharmacies can also give members a flu shot at no cost to the member. Be sure to ask if your pharmacy can give you a shot at no cost.

Your healthy rewards will be loaded onto the healthcare prepaid benefit type card after we receive the completed form from your doctor and have verified the services. Healthy rewards cannot be used to buy tobacco or alcohol. Healthy rewards cannot be converted to cash. This reward can only be earned once per calendar year.

2024 Annual Flu Shot

Please complete this form, sign and date and fax to 410-779-3957 or mail to

CareFirst BlueCross BlueShield Advantage DualPrime Attn: Quality Dept. P.O. Box 915 Owings Mills, MD 21117

COMPLETE THE INFORMATION BELOW
Name of Healthcare Professional:
Practice/Pharmacy Name:
Practice/Pharmacy Phone:
Practice/Pharmacy Fax:
NPI:
Location/Address:
Member Name:
Member ID:
Member Date of Birth:
Date of Flu Shot:
Signature

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Getting your healthy reward is easy



Call your doctor or your pharmacy to schedule an annual flu shot. If you prefer, we can assist you in scheduling your visit. Just call our Member Services number.



Take this booklet with you to your appointment.



Write your full name and member identification number (located on the front of your member ID card) on the form.



Fax your completed to CareFirst BlueCross BlueShield Advantage DualPrime at 410-779-3957 after your visit from your provider's office or mail to the address below.

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