PALMETTO GBA
A CELERIAN GROUP COMPANY

Influenza Vaccine Roster Form

Railroad Medicare
P.O. Box 10066
Augusta, GA 30999

Print Form

Provider Name:

NPI:

Date of Service: (One date per roster)

ICD-10-CM Diagnosis Code: Z23

Select One

HCPCS Code: G0008

Patient Information (Please PRINT or TYPE all elements clearly except patient/beneficiary's signature)

Medicare Number: Date of Birth: Sex: ☐ Male ☐ Female

Last Name: First Name: Middle Initial

Address: City: State: Zip Code:

Patient's Signature: ______________________ ☐ Yes, if signature on file OR patient/beneficiary's signature

Medicare Number: Date of Birth: Sex: ☐ Male ☐ Female

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For Medicare Recipients: Signature on File indicates, "I authorize the release of my medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment."

June 2020

Pneumococcal Vaccine Roster Form

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Warning
- Ask patients if they have been vaccinated with PPV.
- Rely on patient's memory to determine prior vaccination status.
- If patients are uncertain whether they have been vaccinated within the past 5 years, administer the vaccine.
- If patients are certain that they have been vaccinated within the past 5 years, DO NOT REVACCINATE.

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