

Document Name:	Flu/Pnuemonia Roster Bill			Document Number: FRM-EDO-0022	
Release Date:	7/6/2010			Version: 1.0	

Fill in the Blank

 Influenza
 or
 Pneumococcal
 or
 H1N1 Vaccine Roster

PROVIDER PAYEE NAME:

 NPI Number:

DATE OF SERVICE:

	Insureds Number	Print Clearly - Patient Name (Last, First, Middle Initial)	Sex	Date of Birth	Patient Address (Street No., City, State, Zip Code)	Patient Signature
ex	123456789A	Doe, John L	M	10/12/1922	123 Main St., Town, State, Zip	John L. Doe
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

PPV: Important: Ask beneficiaries if they have been vaccinated with PPV. Rely on the patients' memory to determine prior vaccination status. If patient's are uncertain about vaccination within the past 5 years, administer the vaccine. If the patient is certain of vaccine in the past 5 years, do not vaccinate.

The controlled version of this document resides on the NHIC Quality Portal (SharePoint). Any other version or copy, either electronic or paper, is uncontrolled and must be destroyed when it has served its purpose.

