

Influenza Virus Vaccine Roster for Mass Immunizers (Codes 90657-90659, G0008, and Q2035-Q2039)

Provider Name: _____ Provider Billing Number: _____

Billing Address: _____ Date of Service: _____

PATIENT INFORMATION

Control Number for Contractor Use Only: Leave Blank	Patient Medicare Beneficiary ID (MBI)	Last Name	First Name	Middle Initial	Address & ZIP Code	Date of Birth	Gender (M/F)	Patient Signature (If signature is on file, indicate SOF)

Rosters that are incorrectly or partially completed or not legible will be returned.