



**COVID-19 Vaccination Insurance Request Form**

The COVID-19 vaccine itself is being provided to you at no charge by the US Government.

Geritom will bill any insurance for an administration fee as a covered service. If you do not have insurance, Geritom will provide the vaccine administration at no charge.

Please Fill in the following information (residents and staff):

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Company Name/Location where Immunization Provided: \_\_\_\_\_

Address of Location where Immunization Provided: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Maiden Name (For MIIC reporting): \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy or ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Bin Number: \_\_\_\_\_

PCN Number: \_\_\_\_\_

Insurance Phone Number (back of card): \_\_\_\_\_