



St. Christopher Truckers Fund
PO Box 30763
Knoxville, TN 37930

Card Holder ID # _____
Plan Code 4001713
Date of Birth ___/___/___
Issue Date: 10/07/2016

**KROGER WELLNESS CUSTOMER
PHARMACY & TLC VOUCHER**

Expiration Date: 04/01/2017

*This Voucher is authorization to provide the customer below the approved service/products not in excess of the amounts specified below. A valid order must be received. This voucher has **no cash value** to the beneficiary and may only be redeemed for pharmacy prescription medication, immunizations or clinical health services. Any balance due in excess of the value of this voucher must be paid by the customer at the time of sale. This voucher may NOT be used in combination with any other third party pharmacy discount program.*

Authorized Services/Products: Standard TIV Flu Vaccine, Shingles, or Pneumovax

All other services/products are not authorized.

CDL and Photo ID Required

Max Dollar Amount that may be billed under this authorization: \$405

Beneficiary/Customer Acknowledgement: *My signature below indicates that I received the products/services authorized by this voucher. I certify that I provided proof of any applicable primary insurance. I understand that the entity identified above will be responsible for payment on my behalf. I also understand that a minimum amount of PHI may be disclosed as part of the billing process to the above entity.*

Customer Name: _____

Customer Signature: _____ Date: ___/___/___

Customer Must Submit This Prescription Voucher At Time of Purchase In The Pharmacy or The Little Clinic

Clinical Services are not available at all pharmacies –

(Store Information on reverse side)

Completed by Pharmacy or The Little Clinic at Time of Redemption

Pharmacy/Store Acknowledgement:

I certify that services/materials above have been provided in good faith and in accordance with the requirements of this voucher and the accompanying physicians order and billed appropriately to any primary insurance providers as applicable.

Store/Division # _____

Date: _____ / _____ / _____

Signature of Store Employee: _____

Title (mark one) Pharmacist _____ Technician _____ Cashier/Clerk _____ TLC Provider _____

Total receipt amount billable to customer account above (may NOT exceed max value listed on voucher): \$ _____

Pharmacy and Store Instructions:

1. **Complete** the fields above.
2. Participant must have this Voucher, CDL and Photo Identification to be eligible.
3. Enter Plan name: St CHRISTOPHER FUND VACCINE in the third party tab of the patient's profile
4. Plan Code: 4001713
 - BIN 011776 PCN SBILL060
 - Input the cardholder id CDL/Driver's license# billing code that is assigned by KASH.
5. The claim will process with a zero copay
6. Retain completed voucher in store until August 1st following the expiration date. Shred after this date.

The Little Clinic Instructions:

1. Voucher presented by phone or paper and CDL to receive services.
2. For insurance and fee schedule select: **St. Christopher Fund.**
3. Enter patient into EMR following normal procedures by merging the correct template -
 - St. Christopher Fund Trivalent Vaccination Template (CPT code STCHF, 90658 & 90471)
 - St. Christopher Fund Pneumovax Vaccination Template (CPT code STCHF, 90732 & 90471)
 - St. Christopher Fund Zostavax Vaccination Template (CPT code STCHF, 90736 & 90471)
4. Scan the voucher into EMR or if by phone enter "St. Christopher Fund" Voucher" in billing notes on the appointment screen.
5. With this voucher there is no co-pay or out-of-pocket cost.