



## WELLNESS CUSTOMER VOUCHER

**Beneficiary Name:** \_\_\_\_\_ **Issue date:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Expiration date:** \_\_\_\_\_

*This voucher is authorization to provide the customer below the approved service/products not in excess of the amounts specified below. This voucher has **no cash value** to the beneficiary and may only be redeemed for vaccines or Wellness 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:**

**Max dollar amount that may be billed under this authorization:**

**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 my health information may be disclosed as part of the billing process to the above entity.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For store use only:** *Customer must have this voucher along with photo-identification to be eligible. Claim will process with a zero copay. Retain voucher in store with signed consent form. Patients under the age of 18 must be accompanied by a legal guardian.*

Third party name: **B2B Vaccinations**

BIN: **011776** Cardholder ID: **DOB (MM/DD/YYYY)** (Please ask for valid Class A CDL to verify eligibility)

PCN: **SBILL060** Group ID:

## **Patient Instructions**

This is a voucher for you to receive your Influenza, Pneumovax, and Shingles vaccinations with Kroger Pharmacy or The Little Clinic, inside select Kroger Co. stores.

Take this voucher along with your photo ID to a clinic or pharmacy to have your vaccine administered. The charge for the services will be billed to St. Christopher Truckers Development and Relief Fund.

Voucher is valid thru 3/31/2019.

### **The Little Clinic Processing 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 -
  - a. St. Christopher Fund Quadrivalent Vaccination Template (CPT code STCHF, 90686, 90687 & 90471)
  - b. St. Christopher Fund Pneumovax Vaccination Template (CPT code STCHF, 90732 & 90471)
  - c. St. Christopher Fund Shingrix Vaccination Template (CPT code STCHF, 90750 & 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.