



August 2012

Dear AvMed Member:

Flu season is here again! The flu is a contagious respiratory illness caused by influenza viruses. The best way to prevent this illness is by getting a flu vaccination. Although it is best to be vaccinated before December, it is still beneficial to be vaccinated throughout the flu season.

Where can I obtain my flu and/or pneumonia vaccination at NO CHARGE?

- 1. Physician's Office** – There is no charge for these immunizations at your physician's office, as long as the sole purpose of your visit is to obtain the flu and/or pneumonia vaccine.
- 2. Participating pharmacies-** Many offer the flu and pneumonia vaccine without an appointment. You **do not** need a prescription.
- 3. Retail Clinics** - Located inside some of the following participating stores: CVS[®] and Walgreens. These clinics are separate businesses and are staffed by board-certified practitioners (nurse practitioners and/or physician assistants).

Your AvMed ID card and another form of identification must be presented at the time of service.

If you have any questions, please call AvMed Member Services at the number listed on your AvMed ID card (TTY 711).

In Good Health,

A handwritten signature in black ink, appearing to read "Robert Bonnell".

Robert Bonnell, M.D.
Medical Director
AvMed Health Plans

FREQUENTLY ASKED QUESTIONS

Do I need to have another flu vaccination this year?

Yes. People need to get vaccinated every year. Immunity to influenza viruses declines over time and may be too low to provide protection after a year.

What will this year's flu vaccine protect me against?

This year's flu vaccine will protect you against three influenza viruses that research indicates will be the most common during the season.

Do I need to have a pneumonia vaccine every year?

No. The pneumonia vaccine is only recommended for those individuals ages 2-64 who have a long term health problem. Check with your Primary Care Physician or Pharmacist for guidance.

How long will flu and/or pneumonia vaccinations be available?

Flu and pneumonia vaccines will be available as long as the serum is available. It is estimated that most pharmacies will offer flu vaccinations until March or April.

Can I have a flu and pneumonia vaccination the same day?

Yes. The flu and pneumonia vaccines can be given the same day.

What if I get my flu and/or pneumococcal vaccination somewhere else? Will AvMed reimburse me?

AvMed will reimburse all members up to \$32 for a flu vaccination and \$80 for a pneumococcal vaccination. Members must send in the receipt to the address below with a member reimbursement claim form. The member reimbursement claim form can be found on AvMed's Web Site at www.avmed.org or members may call AvMed Member Services to have a form sent to them.

Member reimbursement requests should be sent to:

AvMed Health Plans, Attn: Member Services

P.O. Box 569004

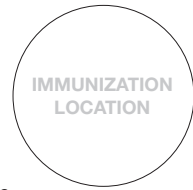
Miami, FL 33256

What should I do if I have difficulty obtaining my flu vaccination at one of the locations provided?

Call AvMed's Member Services department immediately. If possible, please contact AvMed from the location you are experiencing difficulty; this will help AvMed resolve your situation in a more timely matter.



Vaccine Administration Record (VAR) Informed Consent for Vaccination*



SECTION A Please print clearly.

Home Phone, Date of Birth, Age, Gender, First Name, MI, Last Name, Home Address, City, State, ZIP Code, Email Address, Medicare Part B Number, Primary Care Physician/Provider Name, Physician/Provider Phone, Physician/Provider Address, City, State

SECTION B The following questions will help us determine your eligibility to be vaccinated today.

YES NO DON'T KNOW

Table with 4 columns: Question, YES, NO, DON'T KNOW. Rows include questions about vaccine requests, allergies, and medical conditions.

SECTION C

I certify that I am: (i) the patient and at least 18 years of age; (ii) the parent or legal guardian of the minor patient; or (iii) the legal guardian of the patient. Further, I hereby give my consent to the healthcare provider of Walgreens or Take Care Health ServicesSM, as applicable, to administer the vaccine(s) I have requested above.

Patient Signature: _____ Date: _____ (Parent or Guardian, if minor)

SECTION D (HEALTH CARE PROVIDERS ONLY) The following section is to be completed by the health care provider only.

Immunizer Name (print): Immunizer Signature: RPh/PharmD/RN/LPN/LVN/PA (circle one)
If applicable, Intern Name (print): Administration Date: Date VIS given to Patient:
Vaccine Lot # Exp Date Manufacturer Dosage Circle Site of Injection VIS Date RPh Pre-fill Initials

**Patient care services at Take Care Clinics are provided by Take Care Health ServicesSM, an independently owned professional corporation whose licensed healthcare professionals are not employed by or agents of Walgreen Co. or its subsidiaries, including Take Care Health SystemsSM, LLC.