

August 2012

Health plans with your health in mind.

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?

- 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,

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.

Walgreeus. There's a way to stay well.

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		Which vaccines are you requesting to have administered today? Please check all requested vaccines: Flu Shot Flu Nasal Spray (live – ages 2–49 only) Flu HD (ages 65+) Pneumonia Shingles Other																																							
	2. Do you feel sick today?															Τ																									
	 Bo you have allergies to medications, food or vaccines? (Examples: eggs, bovine protein, gelatin, gentamicin, polymyxin, neomycin, phenol or thimerosal) 														1	+	+																								
		If yes, please list the allergies:																																							
		4. Have you received any vaccinations or skin tests in the past four weeks? If yes, please list the vaccination.																																							
ŝ	5. Have you ever had a serious reaction to an influenza vaccine or any other vaccine in the past?																																								
ALL VACCINES	6. Have you ever had a seizure disorder for which you are on seizure medication(s), a brain disorder, Guillain-Barré syndrome (a condition that causes paralysis) or other nervous system problem?																																								
Å	7. Are you 65 years of age or older?															\square																									
Ē		8. Do you smoke?																	1																						
A		9. Do you have a chronic condition or long-term health problem? If yes, please check all that apply.															Ť																								
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take care clinic^{**}

19. Does the patient have a nasal condition serious enough to make breathing difficult, such as a very stuffy nose? (for FluMist® only)

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 Services^{5M}, as applicable, to administer the vaccine(s) I have requested above. I understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). Understand the risks and benefits associated with the above vaccine(s) and have received, read and/or had explained to me the Vaccine Information Statements on the vaccine(s) I have elected to receive. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction. Further, I acknowledge that I have been advised to remain near the vaccination location for approximately 15 minutes after administration for observation by the administering healthcare provider. On behalf of myself, my heirs and personal representatives, I hereby release and hold harmless Walgreens or Take Care Health Services^{5M}, as applicable, its staff, agents, successors, divisions, affiliates, subsidiaries, officers, contractors and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine(s) listed above. I acknowledge that: I understand the purposes/benefits of my state's immunization registry ("State Registry"). Lacknowledge that, depending upon my state law, I may prevent, by using a state-approved opt-out form ("Opt-Out Form"): (a) disclosure of my immunization information to the State Registry from sharing my immunization information with any of my other healthcare providers enrolled in the State Registry. Walgreens or Take Care Health Services^{5M}, as applicable, with a signed Opt-Out Form. Unless I provide Walgreens or Take Care Health Services^{5M}, as applicable, with a signed Opt-Out Form. Unless I provide W

Patient Signature: _

(Parent or Guardian, if minor)

_ Date: _

SECTION D (HEALTH CARE PROVIDERS ONLY) The following section is to be completed by the health care provider only.														
Immunizer Name (print):		Immunize	r Signature:		RPh/PharmD/RN/LPN/LVN/NP/PA (circle one)									
If applicable, Intern Name (print):		A	dministration Date:		Date VIS given to Patient:									
Vaccine	Lot #	Exp Date	Manufacturer	Dosage	Circle Site of Injection	VIS Date	RPh Pre-fill Initials							
Inactivated influenza -PF				0.5 ml	L/R Deltoid IM	7/2/2012								

**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.

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