Moderna COVID-19 Vaccine Reimbursement Form

For use with the Humana Family of Health Insurance and Health Plan Companies

To Be Completed By Member

INSTRUCTIONS

1. Complete ALL information requested below.
2. Attach receipt.
3. Mail completed form to the address on the back of your insurance card.

Employee/Member Name (Last) (First) (M.I.)	Member ID (11 characters):	Group Number
Employee/Member Home Address Phone Number:	Group Name Employee/Member Birth Date:	Patient Birth Date:
Patient's Name (Last) (First) (M.I.)	Patient's Relationship to Employee:	

Date of Service	Place of Service Code*	Procedure Code/Service Description	Diagnosis Code	Units	Total Charges
		Moderna Vaccine	Z23	1	
		Administration of Moderna Vaccine	Z23	1	

CHECK ONE OF THESE:

☐ This is the patient's first Moderna dose (not a booster)
☐ This is the patient's second Moderna dose (not a booster)
☐ This is the patient's third Moderna dose (not a booster)
☐ This is a Moderna booster

***Place of Service Codes**

11 - Doctor's Office
12 - Patient's Home
19 - Off Campus - Outpatient Hospital
20 - Urgent Care
21 - Inpatient Hospital
22 - On Campus - Outpatient Hospital
23 - Emergency Room
24 - Ambulatory Surgical Center
31 - Skilled Nursing Facility
32 - Nursing Home
41/42- Ambulance Land/Air
52 - Psychiatric Facility Inpatient
55 - Residential Substance Abuse Treatment Facility
72 - Rural Health Clinic
81 - Independent Laboratory
99 - Other Locations

Physician, Supplier and/or Group Information
(Name • Address • ZIP Code • Telephone Number • Tax ID Number)

RELEASE OF INFORMATION

I authorize the release of any medical information necessary to process this claim. I understand that, as permitted by law, to the extent of benefits paid under this claim, the Plan acquires all rights of recovery I may have against other parties considered responsible for these expenses.

Patient or Authorized Person's Signature	Date

Employee's Signature	Date

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

For Humana Claims Dept. Use Only

Non-Booster Service
CPT procedure code for vaccine product: 91301
CPT procedure code for first administration: 0011A
CPT procedure code for second administration: 0012A
CPT procedure code for third administration: 0013A

Booster Service
CPT procedure code for vaccine product: 91306
CPT procedure code for booster administration: 0064A