



## FLU VACCINE – EMPLOYEE VOUCHER

**Employee Instructions:** This is a voucher for you to receive your Flu Vaccination with Kroger Pharmacy or The Little Clinic, inside select Kroger Co. stores. For fastest service and least wait time please schedule your appointment:

- Visit [thelittleclinic.com](http://thelittleclinic.com) – Click the flu message on the home page to direct you to appointment scheduling and walk-in wait times
- Visit [kroger.com/flu](http://kroger.com/flu) – Follow the instructions to make an appointment

The charge for the services will be billed to KETTERING HEALTH NETWORK.

**Patient Name:**

**Issue Date:** 09 / 27 / 2021

**Expiration Date:** 12 / 05 / 2021

**Date of Birth:**

**Badge ID #:**

This voucher is authorization to provide the customer, above, 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 service. This voucher may NOT be used in combination with any other third-party pharmacy discount program.

**Authorized Services/Products:**

- FLU VACCINE

Max Dollar Amount That May Be Billed Under This Voucher: \$60

THIS VOUCHER HAS NO CASH VALUE

**Patient Signature:**

**Date:**

*Beneficiary/Customer Acknowledgment: My signature above 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.*

### **BELOW IS FOR KROGER 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.

**For Pharmacy Use:**

**Process the Authorized Services/Products in EPRN using the below plan information:**

TP Plan NAME: **B2B 21-22 Vaccinations**  
TP Code: **4001813**  
Cardholder ID: **DOB (MM/DD/YYYY)**  
Group: **060R00090**

Please fax the Vaccine Admin Record Kettering at **(937) 522-9295**

**For The Little Clinic Use:**

1. Terminate any existing insurance information.
2. For insurance and fee schedule select: **KETTERING HEALTH (EMPLOYEE)**
3. Enter patient into EMR following normal procedures using **KETTE, 80061, 36416, 99401, 82962**
4. Please fax the Vaccine Admin Record to Kettering at **(937) 522-9295**

