



Greater Cleveland Auto Dealers Association
Flu Vaccine Form 2010-2011

TO BE USED BY GCADA MEDICAL MUTUAL ENROLLED MEMBERS ONLY.

NAME OF EMPLOYEE OR DEPENDENT _____

ID NUMBER _____

GROUP NUMBER _____

DATE OF SERVICE _____

CPT CODE: 90658 - FLU VACCINE DIAGNOSIS: V04.81

CPT CODE: 90471 - ADMINISTRATION FEE

AMOUNT: \$ _____

Maximum Reimbursement is \$30.00 on Qualifying Vouchers

RECEIPT MUST BE ATTACHED TO THIS FORM.

PLEASE PAY MEMBER

SIGNATURE

DATE

*Please return forms to the GCADA Group Health Plan no later than 3/1/11.
Maximum reimbursement is \$30.00 on qualifying vouchers. Thank you.*