2017 MEA Benefits Trust and Anthem Blue Cross and Blue Shield Worksite Flu Clinic Participant List

	38	1	L
3		73. 6	
	VAGGII		
	<u>Q</u>		ľ

Date of Clinic:
Clinic Location:
Contact Name:
Phone Number:
Mailing Address (for reimbursement):
Name of Provider Administering Immunizations:

Member Name	Certificate Number	Group Number

Please submit the roster and a bill for the total cost of your clinic on your letterhead within 60 days to:

Heather Barbour, Anthem, 2 Gannett Drive – 1W070, South Portland, ME 04106 or scan to becky.duval@anthem.com