

Janssen (Johnson & Johnson) 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	Group Name	
Phone Number:	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
		Janssen Vaccine (91303)	Z23	1	
		Administration of Janssen Vaccine	Z23	1	

CHECK ONE OF THESE:

- This is the patient's first Janssen (J&J) COVID-19 vaccination
- This is **not** the patient's first Janssen (J&J) COVID-19 vaccination

*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
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Employee's Signature	Date
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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

CPT procedure code for first administration: 0031A
 CPT procedure code for other administration (booster): 0034A