



of Tennessee
plans for better health. plans for a better life.®

1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

**Commercial Member Financial Acknowledgement Form
For
FluMist® Nasal Spray or Fluzone® Intradermal Influenza Virus Vaccine**

I, _____ have been informed that my health benefit insurer or administrator, BlueCross BlueShield of Tennessee, Inc.(BCBST), has determined FluMist® nasal spray or Fluzone® Intradermal, influenza virus vaccine may be a covered expense under the terms of my commercial health benefit plan. However, reimbursement from BCBST may be limited to the cost of the shot.

I have also been informed of potential costs for these services. If I elect to receive these services, I understand I will be responsible for all charges that exceed the Maximum Allowable that may be available under the terms of my health benefit plan.

I understand I can contact BCBST directly concerning my benefits for these services by calling the Customer Service telephone number listed on my member ID card.

Note to CoverKids and HealthyTNBabies network providers: Plan members are exempt from financial liability for these services and may not be balance billed.

Signature of Patient or Responsible Person

Date _____