

Ohio Laborer's District Council – Ohio Contractors Association Insurance Fund Reimbursement Form

If you received an influenza (flu) vaccination shot on or after August 1, 2009, you may be entitled to receive a reimbursement up to \$30 for the cost of the vaccination.

Please complete the information requested below and attach a copy of your receipt showing the cost and type of influenza vaccination you received and **mail to:**

Medical Mutual
Attn: Sylvia Pointer
Mail Zone – 01-9B-2110
2060 East Ninth Street
Cleveland, Ohio 44115

Date: _____

Name: _____

Member ID: _____

Address: _____

City, State
& Zipcode: _____

Telephone
Number: _____

Group Number: 736837
Diagnosis: V0481
CPT/Procedure Code: 90658
Provider ID: DFLUSHOTS2001