

Return to: IBBP Customer Service  
 800.258.1415  
 515.286.4214 fax

**Iowa Bankers Benefit Plan  
 2009-2010 FLU Immunization Roster**

Iowa Bankers Insurance & Services, Inc  
 PO Box 6210  
 Johnston, IA 50131

**Submit form and Provider statement.**

<b>Employer Name/Location</b>	<b>Billing/Routing Number</b>
Provider Name:	Employer Tax ID Number:
Provider Tax ID:	CPT codes: 90658 (Influenza) G0008 (Administration)
Provider Address:	Diagnosis code: V04.81 (Influenza)

Please check one: Please pay Provider of Service  or Employer .

#	Patient Name (Print)	Date of Birth	Identification Number	Date of Service	Cost	Employee Signature
1						
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#	Patient Name (Print)	Date of Birth	Identification Number	Date of Service	Cost	Employee Signature
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#	Patient Name (Print)	Date of Birth	Identification Number	Date of Service	Cost	Employee Signature
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