MaineCare Services
An Office of the
Department of Health and Human Services
John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Department of Health and Human Services
MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
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TTY: 1-800-606-0215

MaineCare Flu Vaccine Enrollment

_____ Name of Agency/ Clinic/ School

_____ Current MaineCare Provider ID#

Provider Type: ____ FQHC or RHC ____ Home Health Agency ____ School ____ Indian Health Service

I, the undersigned, am authorized to sign legal documents on behalf of the named agency/clinic/school. I authorize MaineCare to enroll the agency/clinic/school as an Ambulatory Care Clinic under the MaineCare Benefits Manual. I understand that this enrollment is limited to providing patients seasonal and H1N1 flu vaccines. The enrollment is also temporary, lasting only as long as the public health emergency requires the agency to offer these vaccines.

MaineCare will pay vaccine administration fees only for MaineCare members whose coverage is valid on the date of service, and whose service is properly documented on a billing roster.

This agreement becomes part of the agency's MaineCare Provider-Supplier Agreement, subject to all the same terms and conditions.

_____
Signature

_____
Printed Name

_____
Date

You can return this form by

- U.S. Mail: Office of MaineCare Services, State House Station #11, Augusta, ME 04333
- E-mail: MECMS-providerenroll.dhhs@maine.gov; or
- Fax: 207-287-8450