

## Commercial Insurance Billing Instructions

- ✓ Call 800-890-2986 (Option 1) to receive a contract from Commonwealth Medicine
  - Complete and mail two signed originals to Commonwealth Medicine at the address below
- ✓ Add your school's NPI and UMMS Provider Code (assigned to your school upon contracting with the Vaccine Reimbursement Program) to each Health Screen and Permission Form - *this must be on every form in order for claims to be submitted*
- ✓ Have each child's parent/guardian fill out the child's insurance ID number and the appropriate insurance subscriber's information

Fill out ID number *exactly* as it appears on insurance card including any prefix letters or suffix numbers

Fill out group number if applicable

10) Health Insurance: Name of Company: \_\_\_\_\_  
ID Number: \_\_\_\_\_ Group number: \_\_\_\_\_  
Subscriber Name \_\_\_\_\_ Subscriber Date of Birth \_\_\_\_\_

Fill out the insurance subscriber's name *exactly* as it appears on their insurance card

Subscriber's date of birth must be completed

- ✓ Parent/guardian must sign the permission line for the claim to be billed. If the claim is not signed the insurance company will not be billed.
- ✓ In order to submit the claim, the clinical information section must be filled out and include the date of service, vaccine type and route, vaccine manufacturer, lot number and dose, and preservative information.
- ✓ Whenever possible, please ask parents to attach a photocopy of their insurance card to the Health Screen and Permission Form
- ✓ Sort Health Screen and Permission Forms by insurance company

- ✓ Photocopy all Health Screen and Permission Forms, *keep the original for your records*, and mail the copy via certified mail carrier to:

**Commonwealth Medicine  
333 South Street  
Shrewsbury, MA 01545  
Attn: Vaccine Reimbursement Program**



\* If you have any questions please feel free to call 800-890-2986 (Option 1)