

Healthy Food card services received form

Return this form one of the following ways:

Mail: Fallon Health
 P.O. Box 211308
 Eagan, MN 55121-2908

Email: reimbursements@fallonhealth.org

Please complete this form if Fallon Health doesn't have a record of the service you received and you haven't already earned \$50 for your Healthy Food card this year related to the services listed below.

Please make sure to complete the entire form.

What are you self-reporting?

- Annual physical
- COVID-19 vaccine
- Pneumococcal vaccine
- Flu vaccine

Member information	
Member's name:	
Member ID number:	Date of birth:
Phone number:	
Service information	
Date of service:	
Location (address or name of health fair, as applicable):	
Provider's name (provider who did the service):	
Provider's phone number (if applicable):	
If reporting COVID-19 vaccine:	
Brand: <ul style="list-style-type: none"> <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Johnson & Johnson 	Dose: <ul style="list-style-type: none"> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Booster
<ul style="list-style-type: none"> <input type="checkbox"/> Novavax <input type="checkbox"/> Other: _____ 	

By completing and signing this form, you are attesting that the information you are providing is accurate to the best of your knowledge. Please note that this request is subject to review and verification by Fallon. If approved, you should receive your card, or your existing card will be updated, within 4-6 weeks.

 Signature (member or authorized representative)

 Date



Internal use only:
 Diagnosis: R68.89
 HCPC: 90756
 Place of Service: 99