

Reimbursement Support Service (RSS) Pediatric Vaccine Inquiry Request Form

To take advantage of this complimentary service, simply submit this completed form via e-mail or fax.

E-mail – Info@Vaccine-re.com

Fax – 1-888-613-7533

Practice Name: _____

Provider Name: _____

Address: _____

Telephone: _____ Contact Name: _____

The RSS can respond via e-mail or fax. Please provide your preferred method for receiving the information, and your e-mail and/or fax number. _____

Payer Information Request

IMPORTANT: If you would like payment amounts specific to your payer contract, your National Provider ID (NPI) and Tax ID are required. For general plan fee schedule information, these are not required, but your actual payments may differ from what we report.

NPI: _____ Tax ID: _____

Payer Name:	Plan Type:	Payer-specific Provider ID:

Sanofi Pasteur Representative _____