FLU VACCINE – EMPLOYEE VOUCHER

Employee Instructions:

This is a voucher for you to receive your Flu Vaccination with Kroger Pharmacy or The Little Clinic, inside select Kroger Co. stores.

For fastest service and lower wait time, please schedule your appointment by visting kroger.com/health

Please send a copy of the vaccine record to ehprograms@ketteringhealth.org or fax to (937)522-9295

The charge for the services will be billed to KETTERING HEALTH

Patient Name:	**Issue Date:** 09 / 21 / 2026 **Expiration Date:** 11 / 06 / 2026
Date of Birth:	**Badge ID #:**

This voucher is authorization to provide the customer, above, the approved service/products not in excess of the amounts specified below. This voucher has no cash value to the beneficiary and may only be redeemed for vaccines or Wellness Services. Any balance due in excess of the value of this voucher must be paid by the customer at the time of service. This voucher may NOT be used in combination with any other third-party pharmacy discount program.

Authorized Services/Products:

- FLUZONE (6 mo and older PFS/MDV) ONLY

For patients needing Flublok or High-Dose, please advise them to use their Insurance to receive the vaccine.

THIS VOUCHER HAS NO CASH VALUE

Patient Signature:	**Date:**

Beneficiary/Customer Acknowledgment: My signature above indicates that I received the products/services authorized by this voucher. I certify that I provided proof of any applicable primary insurance. I understand that the entity identified above will be responsible for payment on my behalf. I also understand that a minimum amount of my health information may be disclosed as part of the billing process to the above entity.

BELOW IS FOR KROGER USE ONLY

Customer must have this voucher along with photo-identification to be eligible. Claim will process with a zero copay. Retain voucher in store with signed consent form. Patients under the age of 18 must be accompanied by a legal guardian.

For Pharmacy Use:

Process the Authorized Services*/Products in EPRN using the below plan information:

TP Plan Name: **B2B 24 -25 VACCINATIONS**
TP Code: **4001869**
Cardholder ID: **DOB (MMDDYYYY)**
Group: **060R00904**

Please remind the patient to submit their Vaccine Admin Record to Kettering Health. Suggest taking a picture of the Vaccine Form before leaving the store.

For The Little Clinic Use:

1. Patient must present this voucher to receive services.
2. Terminate any existing insurance information.
3. For insurance and fee schedule select the Fee Schedule listed below
4. Enter patient into EMR following normal procedures using the Dummy Code listed below
5. Scan the voucher into EMR.
6. With this voucher there is no co-pay or out-of-pocket cost.

Fee Schedule: **B2B Kettering Health**
Dummy Code: **KETTE**

Please remind the patient to submit their Vaccine Admin Record to Kettering Health. Suggest taking a picture of the Vaccine Form before leaving the store.

The Kroger Family of Pharmacies

Convenient Neighborhood Medical Care