



COVID-19 Vaccination Claim Form

This form is to be used for reimbursement of the administrative costs associated with the COVID-19 Vaccination.

Please complete this form and include a copy of your original payment receipts for administration of both doses of the COVID-19 Vaccination and a copy of your completed COVID-19 Vaccination Record Card. **SBMA will not process your claim if you do not include these items.**

Date Submitted: _____

PART ONE: Member Information

Member Name: _____

Member Number: _____ Daytime Telephone Number: _____

Mailing Address: _____

PART TWO: Claimant Information *(Please use a separate form for each family member.)*

Claimant's Name: _____

Claimant's Date of Birth (MM/DD/YY): _____

Patient is: Male Female / Member Spouse Child

Product Name/Manufacturer: _____

Date of 1st dose received: _____

Date of 2nd dose received: _____

The undersigned certifies that the documentation attached herein were received by the undersigned for the member noted above, who is eligible for preventative benefits. The undersigned authorizes release of any and all information to the plan administrator, underwriter, sponsor, policy holder, employer and their agents for use in connection with the benefit plan program. Information may also be used for other reporting and analysis purposes without identification of the undersigned or the member noted above. The undersigned further authorizes use of such person's member number for identification purposes and further recognizes that reimbursement will be paid directly to the member and assignment of these benefits to a pharmacy or other healthcare provider is void.

Signature of Patient, Guardian, or Legal Representative

Mail your COVID-19 Vaccination Claim Form and copy of receipts/supporting documentation to:

SBMA
Attention: Member Claims
2307 Fenton Pkwy # 107-126
San Diego, CA 92108

Or you can email scanned copies of the claim form and receipts to claims@sbmemec.com

Only FDA approved vaccinations are eligible for reimbursement. Partial or incomplete requests will be denied. Members and/or their enrolled dependents must have effective coverage on both dates listed on COVID-19 Vaccination Record Card. Approved claims are subject to minimum processing period of 60 days from the date of submission.