

WELLNESS SERVICES - CUSTOMER VOUCHER

Patient Instructions: This is a voucher for you to receive Wellness Services with Kroger Pharmacy inside select Kroger Co. stores. Take this voucher along with your photo ID to a pharmacy to have your service administered. The charge for the services will be billed to _____.

Voucher is valid thru ____ / ____ / 20____

Beneficiary Name: _____

Issue Date: ____ / ____ / _____

Date of Birth: ____ / ____ / _____

Expiration Date: ____ / ____ / _____

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 sale. This voucher may NOT be used in combination with any other third-party pharmacy discount program.

Authorized Services/Products:

- _____
- _____
- _____
- _____
- _____

Max Dollar amount that may be billed under this voucher \$ _____

Signature: _____

Date: ____ / ____ / _____

Beneficiary/Customer Acknowledgement: 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 HEALTH 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:

1. Provide the patient with the Patient Take Away before leaving.
2. All data must be entered into PCST. Enter all required data elements.
3. Once the patient is added in the system, attach a copy of the voucher to the health screening paperwork and file.

Plan Name: **B2B 20-21 Vaccinations**

Plan Code: **4001803**

Cardholder ID: **DOB (MMDDYYYY)**

Group: _____



The Kroger Family of Pharmacies

