Claiming reimbursement for 2024 influenza vaccination – information for consumers

Eligibility to claim reimbursement

Consumers are only eligible to claim reimbursement for influenza vaccination if all of the following criteria are met:

- Vaccination must have been received in 2024 (up to and including 30 September 2024).
- The consumer must provide proof of payment.
- The consumer must be a Queensland resident vaccinated in Queensland.

Submission requirements

In order to claim reimbursement for privately purchased influenza vaccination, please submit the below to Queensland Health **by 30 September 2024**:

1. **Proof of purchase / tax invoice indicating the cost of the vaccine and the date.**
2. **Completed Reimbursement Claim form, including patient details and bank details for reimbursement.**

To ensure your invoice is efficiently processed, please ensure proof of purchase / tax invoice is forwarded to VaccinationReimbursement@health.qld.gov.au as a matter of priority. If proof of purchase does not contain patient details, details in the claim form will be used to confirm eligibility.

Reimbursement Claim Enquiries

For reimbursement enquiries, please contact *VaccinationReimbursement@health.qld.gov.au*

2024 Influenza Vaccination Claim Form

Please complete the below form for Influenza Vaccination Reimbursement. Multiple people can use the same form if the bank account is the same (i.e. families).

If reimbursement needs to go to different bank accounts, please use a separate form. If multiple forms need to be created from one consumer reference number, please ensure all forms are emailed together to *VaccinationReimbursement@health.qld.gov.au*

Personal details (consumer receiving vaccination)

Full Name:												
Date of Birth:												
Address:												
Medicare Number:											/	
Contact Phone Number:												
Email:												

Details of vaccination

Date (up to and including 30 September 2024):	
Location of Vaccination:	
Total Cost of Vaccination/s:	

Details for reimbursement

Account Name:	
BSB:	
Account Number:	

Signature		Date	

Queensland Government

Additional consumers claiming reimbursement

Full Name:											
Date of Birth:											
Address:											
Medicare Number:										/	

Full Name:											
Date of Birth:											
Address:											
Medicare Number:										/	

Full Name:											
Date of Birth:											
Address:											
Medicare Number:										/	

Full Name:											
Date of Birth:											
Address:											
Medicare Number:										/	