

Invoicing Queensland Health for influenza vaccination reimbursement

2026 Free Flu Vaccination Program – Reimbursement of private market flu vaccines

The intent of the 2026 Free Flu Vaccination Program is to enable all Queenslanders aged 6 months and older to access a free flu vaccination.

For every privately purchased standard flu vaccine dose administered, providers may seek reimbursement of \$25.00 (excluding GST), which covers the full cost of administration and the vaccine.

For privately purchased non-standard flu vaccines, a provider may seek reimbursement of \$25.00 (excluding GST). The \$25.00 reimbursement is to subsidise the full cost of administration and contribute toward the cost of the vaccine.

Before administering a non-standard flu vaccine, and in keeping with the principles of informed financial consent:

1. The patient must be informed there is a free flu vaccination option available to them; and
2. The patient must be informed the subsidy fully covers the administration cost and contributes toward the vaccine cost; and
3. The patient must be informed of any out-of-pocket gap payment for the vaccine after the \$25.00 deduction; and
4. The patient must be informed if they receive a subsidised higher-cost flu vaccine (i.e. \$25.00 deduction), they are not eligible for any reimbursement from Queensland Health.

Queensland Health will remind the community of the availability of free options and their ability to choose a vaccine and provider.

The table below categorises the flu vaccines available through the private market in 2026, for the purposes of the Queensland 2026 Free Flu Vaccination Program.

Private market standard flu vaccines (Free to the patient)	Private market non-standard flu vaccines (Gap payment for the patient)
Vaxigrip* for people aged 5 to 64 years	Flucelvax for people aged 5 to 64 years
Fluzone* for people aged 5 to 64 years	Fluad* for people aged 50 to 64 years
Influvac for people aged 5 to 64 years	Fluzone High-Dose for people aged 60 to 64 years
	Flumist^ for children and adolescents aged 6 to 17 years (inclusive) not eligible under the 2026 Queensland Nasal Spray Flu Immunisation Program

* This vaccine is available for free under the NIP for certain population cohorts see the [2026 Queensland Influenza Vaccination Program Eligibility and Product Selection Tool](#).

^ This vaccine is available for free under the 2026 Nasal Spray Flu Immunisation Program for children aged 2-5 years and children aged 6 to 17 years (inclusive) who struggle with getting a needle, see [2026 Queensland Nasal Spray Flu Immunisation Program](#).

People eligible for a NIP-funded vaccine, should be offered NIP-funded vaccine with an exception for 2-5 year olds, who should be preferentially offered Flumist.

Submitting an invoice to Queensland Health

Invoices must be submitted to vaccinationreimbursement@health.qld.gov.au ensuring that all submission requirements are included.

Submission requirements

To claim reimbursement for privately purchased influenza vaccine stock, please submit the following to Queensland Health **before 31 October 2026**:

1. **Invoice to Queensland Health for reimbursement indicating quantity and type of privately purchased vaccine administered between 1 March and 30 September 2026; and**
2. **Signed Request for payment declaration (see page 3).**

Tips to ensure your invoice is efficiently processed:

- Submit all invoices to Queensland Health via email in a PDF format—any other format will not be recognised by the system
- Send invoices no more frequently than fortnightly
- Ensure there is only one invoice per PDF—if you are submitting multiple invoices, you can submit them as separate PDFs in the same email
- Only submit invoices once. Sending the same invoice multiple times will cause duplicates in the system, which can slow down processing
- If you are submitting a reimbursement request that overlaps with a previous claim date range, you must specify why this has occurred in your covering email to vaccinationreimbursement@health.qld.gov.au
- Ensure you include a contact name and phone number in the covering email that accompanies your vaccine reimbursement request, so that our team can contact you to resolve any issues or queries regarding the claim.

Invoice requirements

There are format requirements for invoices being sent to Queensland Health.

Please use [this template](#) or supply an invoice containing the following:

1. 'Tax invoice' or 'Credit memo' clearly stated at the top of the document. Credit memos must reference the original invoice.
2. Company/business name, ABN (if applicable), address and contact details listed at the top of the document.
3. Invoice/reference number must be included (max 16 characters).
4. Invoice date in DD/MM/YYYY format.
5. The name of the company being invoiced:
 - Queensland Health – Immunisation Unit
 - 15 Butterfield Street
 - Herston QLD 4006
 - QH reference: Group 325.1000
6. A clear, itemised description of the goods or services provided must be listed, showing quantities and GST (if applicable).
7. The total gross amount and GST amount (if applicable) must be clearly stated. Companies must be registered for GST to claim GST. The reimbursement amount is detailed on the Queensland Health 2026 Influenza Free Flu Vaccination Program website.

8. Currency code (if not in AUD).

Other invoice requirements include:

- There should be no stamps, drawings or marks on the invoice.
- All invoices must be dark text on a white background. Inverse format will not be accepted.
- All text, dates, numbers, and amounts etc. must have clear space around them. Any adjoining or overlapping text may interfere with the accounts system's invoice reading software OCR.

1 TAX INVOICE

2 Company / Business name, ABN (if applicable), address and contact details

Company/ Business Name: VaxPro Limited
 ABN: 12 345 678 910
 Address Line 1: 15 Small Street
 Address Line 2: LUTWYCHE QLD 4030
 Phone: (07) 3220 6693
 Remittance Email: Vaxprolimited@gmail.com
 Contact Name: Monica Smith

3 Invoice / reference number must be included (max 16 characters)

INVOICE #: INV-001
 INVOICE DATE: 24/02/2026
 DUE DATE: 23/03/2026

4 Invoice date in DD/MM/YYYY format

5 Billing Address: Queensland Health, Immunisation Unit
 15 Butterfield Street
 HERSTON QLD 4006
 GRP 325.1000

The invoice must be issued to:
 Queensland Health, Immunisation Unit
 15 Butterfield Street, Herston 4006
 QH reference: Group 325.1000

Provider Type	Category	QTY	Unit Price Excl GST	Total Excl GST	Add GST/ GST Excl	GST	Total Price Incl GST	
Pharmacy	Non-NIP (Privately purchased stock)	10	\$25.00	\$250.00	Add GST	\$25.00	\$275.00	
Pharmacy	Flu Mist (2 years to under 6 years)	18	\$20.05	\$360.90	Add GST	\$36.09	\$396.99	
6 A clear, itemised description of the goods or services provided							Total Excl GST	\$610.90
							GST	\$61.09
							7 Total Incl GST	8 \$671.99

Bank Account Name: VaxPro Limited
 BSB: 123-456
 Account Number: 987654321

The total gross amount and GST amount (if applicable) must be clearly stated. **Suppliers must be registered for GST to claim GST.**

Currency code (if not in AUD)

Click to enlarge - https://www.health.qld.gov.au/__data/assets/image/0039/843969/tax-invoice-requirements-large.png

Invoice enquiries

For invoice enquiries, please email vaccinationreimbursement@health.qld.gov.au

Please ensure you provide the relevant information (e.g. invoice number, date of submission etc.) so your enquiry can be investigated as quickly as possible. Invoice payment may not be able to be made immediately, but the team will take the necessary action to ensure all invoices are processed in a timely manner.

Queensland 2026 Free Flu Vaccine Program

REQUEST FOR PAYMENT – OTHER PROVIDERS

INFLUENZA VACCINES ADMINISTERED (the ‘Request’)

Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. Queensland Health is collecting the below information in order to facilitate reimbursement. All personal information will be securely stored and only accessible by Queensland Health staff administering the 2026 Free Flu Vaccination Program. Your personal information will not be disclosed to other third parties without consent, unless the disclosure is authorised or required by or under law. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please refer to our [Privacy Policy](#).

I[insert full name], in the position/role of
[position/role] with
[company/business]
 ABN (the ‘Immunisation Provider’) state that:

- (a) my position/role with the above company/business enables me to know the facts contained in this Request;
- (b) I know, and believe to be true and correct, the facts contained in this Request; and
- (c) I am authorised to bind the Immunisation Provider to the terms set out in this Request.

By this Request, the Immunisation Provider requests payment in relation to [insert number of influenza vaccines] influenza vaccines administered by the Immunisation Provider to individuals in 2026* between _____/_____/2026 to _____/_____/2026 [insert time period of claim] (each a ‘**Claimed Influenza Vaccine**’) and I certify that the Claimed Influenza Vaccines:

- I. were National Immunisation Program vaccines administered to eligible Queensland residents (administration fee only); or
- II. were vaccines paid for by the Vaccine Provider and administered to Queensland residents 6 months of age and older who are **not** eligible for influenza vaccination through the National Immunisation Program or 2026 Queensland Nasal Spray Flu Immunisation Program (vaccine cost and administration fee); and
- III. were not paid for by the person receiving the vaccination^; and
- IV. there is no alternative payment available for vaccine administration (e.g. MBS, NIPVIP).

On behalf of the Immunisation Provider, I request payment to the Immunisation Provider for each Claimed Influenza Vaccine. On behalf of the Immunisation Provider, I acknowledge and agree:

- A. that the Immunisation Provider is eligible to be paid the requested payment under the terms of the 2026 Free Flu Vaccination Program; and
- B. that Queensland Health may request further information in relation to this Request for verification and auditing purposes; and
- C. that the Immunisation Provider will promptly provide this information upon request; and
- D. that Queensland Health may also verify the correctness of the information in this Request in other ways, including accessing immunisation registers and requesting/obtaining information from suppliers/vaccine recipients; and
- E. that any Requests for payment submitted after 31 October 2026 will not be accepted; and
- F. to the terms specified in this Request.

I certify that:

- 1. I am authorised to make this Request and receive the requested payment on behalf of the Immunisation Provider; and
- 2. the information provided by me in, and in support of, this Request is true and correct; and
- 3. the Immunisation Provider has not made a previous Request in relation to the Claimed Vaccines.

Signature: Date:

* The 2026 Queensland Influenza Immunisation Program commences on 1 March and concludes on 30 September 2026.

^ For privately purchased non-standard flu vaccines, a gap fee to cover cost beyond the reimbursed \$25.00 may be charged to the person receiving the vaccination on the condition of informed financial consent as per invoicing instructions.