Memorandum of Agreement
– H1N1 Vaccine Administration Reimbursement to Pharmacies

This Memorandum of Agreement is to establish an agreement between ______________________ (PHARMACY) and the Thurston County Public Health and Social Services Department (TCPHSS) for reimbursement of H1N1 vaccination to uninsured population. In addition to the terms of vaccine contract, PHARMACY further agrees to:

Review and abide by pharmacy vaccine distribution and fee matrix guidelines found at www.co.thurston.wa.us/health

Until otherwise directed by the Thurston County Health Officer, only vaccinate those who self-report to be in the targeted risk group detail on “Screening for Risk Group” form dated 11/11/2009

For customers with insurance – PHARMACY will bill insurance usual and customary fees. If the PHARMACY is set up to bill certain insurance companies and not others, the PHARMACY will provide the vaccine recipient with documentation of the immunization.

For those vaccine recipients that are able to pay, the PHARMACY may collect administration fee from vaccine recipient not to exceed $20.00. Ability to pay is self-reported.

For those vaccine recipients that are not able to pay, the PHARMACY will administer the vaccine at no charge. Ability to pay is self-reported.

Complete and sign vaccine accountability and invoice report to include doses by payment and submit to TCPHSS monthly.

TCPHSS agrees to:
Reimburse PHARMACY $10.00 per vaccination for vaccinations administered at no charge per vaccine accountability and invoice report.

Provide pharmacy vaccine distribution guidelines at www.co.thurston.wa.us/health

TCPHSS does not assume responsibility for administered vaccines.

Authorized Representative for PHARMACY
Signature: ____________________________
Print Name: ___________________________
Pharmacy: ___________________________