

Alabama Medicaid
Immunization Provider Notification Letter
(to be faxed, e-mailed, or mailed to the Primary Medical
Provider (PMP) and placed in patient chart)

Date: _____

To:

Physician Name: _____

Phone Number: _____

Fax Number: _____

Re:

Patient Name: _____

Alabama Medicaid RID Number: _____

Date of Birth: _____

Dear Primary Care Provider,

Your patient was seen on _____ (date) at _____ (location)
and the following vaccination(s) were administered at that time:

H1N1 Vaccine NDC#: _____ vaccine lot #: _____

Influenza Vaccine NDC#: _____ vaccine lot#: _____

Sincerely,

Pharmacist: _____

Pharmacy: _____

Pharmacy Phone Number: _____

Pharmacy Fax Number: _____

Note: If the Primary Medical Provider (PMP) is unknown, the pharmacy may call the Alabama Medicaid Automated Voice Response System (AVRS) at 1-800-727-7848 to obtain recipient PMP information.