
Alabama Medicaid
Immunization Provider Notification Letter
(To be sent to the Primary Medical Provider [PMP] and placed in patient chart)

Date: _____

To:
Physician Name: _____
Phone Number: _____
Fax Number: _____

Re:
Patient Name: _____
Alabama Medicaid ID Number: _____
Date of Birth: _____

Dear Primary Care Provider,

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

- Influenza Vaccine _____ NDC# _____ Lot# _____
- COVID Vaccine _____ NDC# _____ Lot# _____
- Tdap Vaccine _____ NDC# _____ Lot# _____
- Hepatitis A Vaccine _____ NDC# _____ Lot# _____
- RSV Vaccine _____ NDC# _____ Lot# _____
- Other _____ NDC# _____ Lot# _____

Pharmacist: _____
Pharmacy: _____
Pharmacy Phone Number: _____
Pharmacy Fax Number: _____

A prescription or standing order is required for dispensing/administration of vaccines.

Note If the PMP is unknown, the pharmacy may call the Alabama Medicaid Automated Voice Response System (AVRS) at 1-800- 727-7848 to obtain the PMP information. Pharmacy providers may also notify the recipient's local Alabama Coordinated Health Network (ACHN) region to assist with finding a PMP; ACHN contact information can be located on the Agency website under Contacts/ACHN Contacts.