

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 was administered at that time:

- | | | |
|--|------------|------------|
| <input type="checkbox"/> Influenza Vaccine _____ | NDC# _____ | Lot# _____ |
| <input type="checkbox"/> Pneumococcal Vaccine* _____ | NDC# _____ | Lot# _____ |
| <input type="checkbox"/> Tdap Vaccine* _____ | NDC# _____ | Lot# _____ |
| <input type="checkbox"/> Hepatitis A* _____ | NDC# _____ | Lot# _____ |

Pharmacist: _____

Pharmacy: _____

Pharmacy Phone Number: _____

Pharmacy Fax Number: _____

*A prescription is required for administration of the indicated vaccines.

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.