|  |  |
| --- | --- |
| Provider Site Name Provider Pin: XXXX  Street Address  City, ST ZIP Code  Phone: Phone Fax: Fax | INVOICE Vendor id: xxxxxxxxxxDate: Date |
| To: **Maine Immunization Program**  Bridge Access Program  State House Station, 286 Water St #11,  Augusta, ME 04333  Phone: 207-287-3746 |  |

|  |
| --- |
| Comments or special instructions: Attach list of all patients 19+ uninsured/underinsured that received COVID vaccine this quarter.  Include Immpact ID and date of vaccination.  No Personal Identifying Information, please.  **Quarter Dates:**  September 2023 – December 2023  January 2024 – March 2024  April 2024 – June 2024  July 2024 – September 2024  September 2024 – December 2024 |

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| --- | --- | --- | --- |
| QUANTITY | DESCRIPTION | UNIT PRICE | TOTAL |
| xx | Doses Administered for eligible patients | $50 | XXX |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | TOTAL due |  |

If you have any questions concerning this invoice, contact Primary Vaccine Coordinator: Name, Phone, Email

Thank you for participating in the bridge access program