|  |  |
| --- | --- |
| Provider Site NameProvider Pin: XXXXStreet AddressCity, ST ZIP CodePhone: Phone Fax: Fax | INVOICEVendor id: xxxxxxxxxxDate: Date |
| To:**Maine Immunization Program**Bridge Access ProgramState House Station, 286 Water St #11,Augusta, ME 04333Phone: 207-287-3746 |  |

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| --- |
| 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 2023January 2024 – March 2024April 2024 – June 2024July 2024 – September 2024September 2024 – December 2024 |

|  |  |  |  |
| --- | --- | --- | --- |
| 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