



MassHealth Flu and Adult Vaccine Program Provider Application

NOTE: Local public health departments are eligible for both flu and adult vaccines. Public school districts are only eligible for the flu component.

Please complete and submit this application along with all other required documentation.

General Information

1. Local public health department or public school district name

2. Legal entity mailing address

3. City

4. State

5. Zip code (Enter 9-digit zip code if known.)

6. Telephone

7. E-mail address

8. Tax ID

9. National provider ID (NPI)

Provider Application Certification

Please read carefully and sign.

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Provider's signature _____

(Signature and date stamps, or the signature of anyone other than the provider or a person legally authorized to sign on behalf of a legal entity, are not acceptable.)

 Printed legal name of provider

 Printed legal name of individual signing
(if the provider is a legal entity)

 Date