



EMPLOYEE IMMUNIZATION VOUCHER*

HEP A/B, TDAP, MMR, VARICELLA, PREVNAR, PNEUMOVAX, SHINGLES, MENINGOCOCCAL, HPV

NOTE TO SAFEWAY/ALBERTSONS IMMUNIZING PHARMACISTS:

PROCESS CLAIM USING CARD TEXT:

Please contact your DPM with any questions on this voucher or billing issue. DO NOT TURN ANY CUSTOMER AWAY. Process under BIN# 018166 GROUP# LEGVACC1. Process the claim with \$0 copay to the customer.

NAME:

WRITE CUSTOMER AND PHARMACIST NAMES IN THE BOX.

WE CARE ABOUT YOUR HEALTH!

Safeway/Albertsons and your employer are pleased to offer you this immunization voucher to help protect you. **TO GET VACCINATED AT ANY SAFEWAY/ALBERTSONS STORE BY A CERTIFIED IMMUNIZING PHARMACIST:** Visit any of our stores and present this voucher. To find the store nearest you visit Safeway.com or Albertsons.com or call 1-877-276-9637.



*Voucher for use by

LEGACY HEALTH EMPLOYEES AND THEIR PACIFICSOURCE COVERED DEPENDENTS. MUST PRESENT LEGACY BADGE

only. Not transferable. Good 1/1/22 - 12/31/22 only.

*Vaccines available while supplies last. Age restrictions apply in some states. Immunizations are only available for those 5 and older in Washington and 7 and older in Oregon. Ask pharmacy for details. Void if copied, transferred or duplicated.