

# COVID-19 Vaccination Record Card



Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name

Henry

First Name

Brian

MI

Date of birth Patient number (medical record or IIS record number)

Vaccine Product Name/Manufacturer Lot Number Date Healthcare Professional or Clinic Site

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	Pfizer EN6200	8/12/21 MNMC	
2 <sup>nd</sup> Dose COVID-19	Pfizer EN6202	3/19/21 mm dd yy	MNMC PW
Other	Pfizer FR2588	10/19/21 mm dd yy	GCW
Other	Pfizer Lot: FK9729	4/13/22	GGW

**Reminder! Return for a second dose!**  
**Recordatorio! Regrese para la segunda dosis!**

Vaccine Date / Fecha

COVID-19 vaccine Vacuna contra el COVID-19 mm / dd / yy

Other Ora Pfizer-Bivalent GH9694 9/26/22 GGW

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit [cdc.gov/coronavirus/2019-ncov/index.html](http://cdc.gov/coronavirus/2019-ncov/index.html).

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at [vaers.hhs.gov](http://vaers.hhs.gov).

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite [espanol.cdc.gov/coronavirus/2019-ncov/index.html](http://espanol.cdc.gov/coronavirus/2019-ncov/index.html).

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en [vaers.hhs.gov](http://vaers.hhs.gov).

09/03/20

MLS-319813J

# Geisinger

Brian E Henry  
ID 00065060201  
Medical record 07312439

Copay	\$0	Primary care	109376791500 Ging Scenery Park
PCP	\$0	Office	814/231-4560
Spec	\$35	Rx BIN 019587 PCN PRT1803	
ER	\$95	Formulary B	
MOOP*	\$7550	Offered by Geisinger Health Plan, part of Geisinger.	

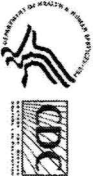
**Medicare**  
Prescription Drug Coverage X

Gold Classic 360 Rx (HMO) A Medicare Advantage Plan

## Connect with us

<b>Customer care</b> 800-498-9731	<b>Mail medical and OON dental claims to</b> Geisinger Health Plan PO Box 853910, Richardson, TX 75085-3910
<b>Prescription questions</b> 800-988-4861	<b>Mail In-Network dental claims to</b> SKYGEN PO Box 512, Milwaukee, WI 53201
<b>Tel-A-Nurse</b> 877-543-5061	<b>Mail general information to</b> Geisinger Health Plan, 100 N. Academy Ave. Danville, PA 17822-3229
<b>TTY hearing impaired</b> PA Relay at 711	<b>Pharmacy technical assistance</b> 1-855-508-1715
<b>Emergency 911</b>	<b>Dental provider assistance</b> 877-378-5292
<b>Mental Health / Substance Use</b> 888-839-7972	<b>Issuer:</b> 80840 <b>Issue date:</b> 12/09/2022 <b>MHID:</b> CMS-H3954-160
<b>* Maximum Out-Of-Pocket</b>	

# COVID-19 Vaccination Record Card



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Last Name

*Domenig*

First Name

*Kathleen*

MI

*M*

Date of Birth *Dec 28, 1950* Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	Pfizer EN6200	<i>2/17/21</i>	MMMC
2 <sup>nd</sup> Dose COVID-19	Pfizer EN6202	<i>3/10/21</i>	MMMC
Other	Pfizer Lot: FK9729	<i>4/13/22</i>	GGW

## Reminder! Return for a second dose! Recordatorio! Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	mm / dd / yy
Other Otra	GGW

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09/03/20

MA5-319813.J

**Kathleen M Domenig**  
**ID 10092610301**  
 Medical record 07431021

<b>Copay</b>	
<b>PCP</b>	\$0
<b>Spec</b>	\$35
<b>ER</b>	\$95
<b>MOOP*</b>	\$7550

**Primary care** 109376791500  
 Gmg Scenery Park

**Office** 814/231-4560

**Rx BIN 019587 PCN PRX1803**

**Formulary B**

Offered by Geisinger Health Plan, part of Geisinger Prescription Drug Coverage X

**Medicare Rx**  
Prescription Drug Coverage X

**Gold Classic 360 Rx (HMO) A Medicare Advantage Plan**

**Connect with us**

**Customer care**  
800-498-9731

**Prescription questions**  
800-988-4861

**Tell-A-Nurse** 877-543-5061

**TTY hearing impaired**  
PA Relay at 711

**Emergency 911**

**Mental Health / Substance Use**  
888-839-7972

**\* Maximum Out-Of-Pocket**

[geisinger.org/health-plan](https://geisinger.org/health-plan)

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 PO Box 512, Milwaukee, WI 53201

**Mail general information to**  
 Geisinger Health Plan, 100 N. Academy Ave.  
 Danville, PA 17822-3229

**Pharmacy technical assistance**  
 1-855-508-1715

**Dental provider assistance** 877-378-5292

Issuer: 30840 Issue date: 12/09/2022 MHD CMS-13954-160

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Last Name: Domenig First Name: Kathleen MI: M

Date of birth: Dec 28, 1950 Patient number (medical record or IIS record number): \_\_\_\_\_

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	Pfizer EN6200	2/17/21 MNNC	
2 <sup>nd</sup> Dose COVID-19	Pfizer EN6202	3/10/21 mm dd yy 10/4/21 mm dd yy	MNNC GGW
Other COVID-19	Pfizer Lot: FK9729	4/13/22	GGW

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Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	mm / dd / yy
Other Otra	Pfizer-Bivalent GH9694
	9/26/22 GGW

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PCP	\$35	Office	814/231-4560
Spec	\$95	Rx BIN 0195587 PCN PRX11803	
ER	\$7550	Formulary B	
MOOP*		Offered by Geisinger Health Plan, part of Geisinger.	

**MedicareRx**  
Prescription Drug Coverage X  
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