

EXHIBIT A



Receive Program Services
at more than 5,000

Walmart and Sam's Club pharmacy locations

Present this voucher along with your ID at any Walmart or Sam's Club Pharmacy to receive your free service.

Patient Name

Member ID

MMDDYYYY

BIN

018570

PCN

IMZ

Group ID

WMTV443

Date of Expiration

4/30/2021

Organization Name

Orscheln

Program Service

Influenza - Quadrivalent, HD

Pharmacy Associate

Patient is required to show ID when presenting this voucher

Process the claim using the BIN/PCN/Group:

- Set up a customer profile like processing an insurance card
- Create the Member ID using the patient's date of birth (MMDDYYYY)
- Ensure dependent code is 01 Cardholder
- Provide the patient a vaccination card OR print the patient history from STC
- For assistance with rejections, please call 877-403-4919