

MAPD Prescription Drug Plan Direct Member Reimbursement Form

Complete and return this form when you have purchased a covered prescription drug at retail cost and are seeking reimbursement. **Submit this form with the original prescription label receipt(s) within 90 days.** Please make and retain a copy of the receipts for your records.

Cash register and credit card receipts alone are not acceptable as proof of purchase.

Claims are reviewed, subject to limitations, exclusions and other provisions of the Plan Benefit.

Reimbursement is not guaranteed.

Patient Information (Complete one form per member)				
Health Plan/Insurance Name & State (please print)		Group Employer/Name		
Name (Last Name, First Name, Middle Initial)		Birth Date	I.D. Number	
Mailing Address (Number, Street, City	, State & Zip Code)			
Prescribing Physician's Name	Physician's DEA or NPI	number.(Obtain from physicia	an) Physician's Telephone	Number
Reason For Request				
Write the reason here: Coordination of Benefits				
(If your primary insurance has alre			ing additional reimbursemer	at please
(in your primary insurance has ane		te this section.)		ii, piease
An Explanation of Payment from th			t paid by the primary insu	rance.
Primary Health Plan/ Insurance Comp	,			
Primary Member/Subscriber's Name (
Vaccine and Vaccine Administration				
Filled at pharmacy, and administ		Check below all that apply to the cost of the claim		
 Filled and administered at pharmacy Filled and administered at physician's office 		Administration Cost Vaccine Cost		
Compound Prescriptions Only (Pharmacist must complete and sign)				
 List the VALID 11 digit NDC number (highest to lowest cost) in the box at the right for EACH ingredient used for 		Rx# Date Fi	lled Days'	
,			Supply	
the compound prescription.			Supply	
 For each NDC number, indicate expressed in the number of table 	the "metric quantity" ets, grams, milliliters,	Valid 11 digit NDC#	Suppry	Quantity
 For each NDC number, indicate expressed in the number of table creams, ointments, injectables, e 	the "metric quantity" ets, grams, milliliters, etc.	Valid 11 digit NDC#	Supply	Quantity
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