Capital Health PLAN℠
An Independent Licensee of the Blue Cross and Blue Shield Association

Medicare Prescription Drug Reimbursement Request Form

Member Name: _____
Last *First* *Middle*

Telephone Number: _____ Date of Birth: _____

Member's ID # (Located on front of card): _____

Note: If approved, your reimbursement will be sent to the address on file for the subscriber. If you need to update your address, please contact Member Services at 850-523-7441 or 1-877-247-6512 (TTY 850- 383-3534 or 1-877-870-8943) 8:00 a.m. - 8:00 p.m., seven days a week, October 1 - February 14; 8:00 a.m. - 8:00 p.m., Monday - Friday, February 15 - September 30. State of Florida members call 1-877- 392-1532, 7:00 a.m. - 8:00 p.m.).

Prescription Drug Reimbursement Checklist:

☐ **Request for Reimbursement:**
Please indicate reason for reimbursement request (ex. COBRA, lost card, out of the area, etc.:
NOTE: Prescriptions filled while out of the county are not covered.

_____
_____
_____
_____

☐ **Documentation For Reimbursement:**
Please attach the detailed print-out from your pharmacist for *each* prescription. This print-out must include the following information: member's name, date of birth, name of medication(s), dosage, quantity, purchase amount, pharmacy information, prescriber information, date of purchase, and label from the prescription drug purchase. (*Credit card receipts, bank statements, or cashier's receipts do not provide sufficient information.*)

_____ _____
Member's Signature Date

This form is not to be used to request reimbursements for foreign claims. Please submit requests for reimbursement of foreign claims directly to CHP along with supporting documentation. Reimbursement requests can take up to 30 days to process. It may take longer if additional information is needed to process the request.

Mail completed form to:
Prime Therapeutics (Med-D)
P.O. Box 20970
Lehigh Valley, PA 18002-0970

Capital Health Plan Advantage Plus (HMO), Preferred Advantage (HMO) and Retiree Advantage (HMO) are HMO plans with a Medicare contract. Enrollment in Capital Health Plan Advantage Plus, Preferred Advantage and Retiree Advantage depends on contract renewal.