

# PPO/INDEMNITY/SDHP PRESCRIPTION DRUG PROGRAM DIRECT MEMBER REIMBURSEMENT FORM

## Instructions

1. Complete and return this form when you have purchased a prescribed prescription drug that is a Covered Service at retail cost and are seeking reimbursement. **Submit this form with the original prescription/label receipts.** Cash register and credit card receipts alone are not acceptable as proof of purchase.
2. Prescription label receipt must have the following information clearly legible, or payment can be delayed or denied:
  - Pharmacy name
  - Prescription number and date filled
  - Prescribing physician's name
  - Drug name, strength and quantity
  - Member paid expense
3. The claim will be returned if the Insured's signature is not present.
4. Please mail these label receipts and this completed form to the address at the bottom of the form.
5. All payments and correspondence will be issued to the primary Insured.

## Patient Information (one form per patient)

Health Plan/Insurance Name & State <i>(please print)</i>	Group/Employer Name	Union Trust # (if applicable)
Name <i>(Last Name, First Name, MI)</i>	Birth Date	ID #/HIC #
Mailing Address <i>(Number, Street, City, State &amp; ZIP Code)</i>		Social Security #
Prescribing Physician's Name		Physician's Telephone Number

## Coordination of Benefits (if your primary insurance has already paid for the attached prescription, please complete this section)

Primary Health Plan/Insurance Company	Spouse's Name <i>(Last Name, First Name, MI)</i>	Spouse's Number
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I certify that the patient for whom this claim is made is a covered person in this Prescription Drug Program and that the prescription is for the sole use of the named patient. I also certify that the claim(s) being submitted for payment are not eligible for payment under a no-fault automobile or workers' compensation insurance program. I also authorize release of all information pertaining to this claim(s) to the plan administrator, underwriter, sponsored policy holder and/or employer.

**X** \_\_\_\_\_  
 Insured's Signature Date

Indemnity insurance products (including PPO products) and SDHP products offered in California are underwritten by PacifiCare Life and Health Insurance Company. Indemnity insurance products (including PPO products) and SDHP products offered in Arizona, Colorado, Nevada, Washington, Oregon, Texas and Oklahoma are underwritten by PacifiCare Life Assurance Company.

**Prescription Solutions**  
**Mail Stop LC07-190**  
**Attn: Claims Dept.**  
**P.O. Box 6037**  
**Cypress, CA 90630-0037**

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