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# Reimbursement Instructions

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## **Submitting a Manual Claim**

Please take a moment to read the following information for an accurate and timely reimbursement.

- Complete and return the member reimbursement claim form when you are requesting reimbursement of covered pharmacy expenses incurred outside of your prescription card plan.
- A separate member reimbursement claim form is required for each patient.
- Allow up to 30 days from the time you mail your member reimbursement claim form until you receive an explanation of benefits from us.
- The cardholder must sign the claim form.
- The claim will be returned if the required information is missing.
- Please keep a copy of the member reimbursement claim form and documents submitted for your records.
- Please submit your claim timely, failure to do so may result in a denial of the claim based on the time filing provision in your plan.

## **Coordination of Benefits -or- Submitting Your Copays**

- If we are your secondary coverage and you are requesting reimbursement of your copays, please confirm that your prescription plan is set up to coordinate benefits before completing the form and submitting the claim.
- If this prescription plan is your primary prescription plan you cannot submit your copays for reimbursement. The copayment is the responsibility of the cardholder and will not be reimbursed.