PRESCRIPTION DRUG PROGRAM MEDICAID DIRECT MEMBER REIMBURSEMENT FORM

Use this form to get refunded if you paid retail cost for your covered prescription drug(s).

You can submit this form for any of these reasons:

- You're a new member and didn't have your prescription ID card.
- Your pharmacy couldn't find your information in the pharmacy system.
- You were discharged from an inpatient facility after service hours.
- Your primary insurance has already paid for the attached prescription (Coordination of Benefits).
- You had an emergency and didn't have your prescription ID card (Provide proof of Urgent Care or Emergency Room Explanation of Benefits).

Read carefully before mailing your completed form.

- You must include the original prescription label receipt(s). We also need the credit card or cash register receipt(s) as proof of purchase.
- Submitting this form doesn't guarantee that you will get paid back.
- Claims will be subject to limitations, exclusions and other provisions of the Plan Benefit.
- Any refund or mailings will be sent to the primary plan member.
- The claim(s) will be returned if the form is not completed and signed by the plan member.

Your receipt(s) must have the following information:

- Pharmacy name
- Drug name, strength and quantity
- Prescribing doctor's name
- Prescription number and date filled
- The amount the member paid for the prescription(s)

If we can't read your receipts, your payment could be delayed, or you may not get paid back.

Mail the completed form and receipt(s) to:

OptumRx
P.O. Box 650334
Dallas, TX 75265-0334

Questions?
Call the toll-free Member Services number on your member ID card.

Member information (Please print)

Health plan (insurance) name _____ Member ID _____ Date of birth _____

Last name, First name, Mi _____

Mailing address _____

Prescribing doctor's name _____ Prescribing doctor's phone number _____

Reason for request (At least one reason must be selected)

- ○ You're a new member and didn't have your prescription ID card.
- ○ Your pharmacy couldn't find your information in the pharmacy system.
- ○ You were discharged from an inpatient facility after service hours.
- ○ Your primary insurance has already paid for the attached prescription (Coordination of Benefits).
- ○ You had an emergency and didn't have your prescription ID card (Provide proof of Urgent Care or Emergency Room Explanation of Benefits).

Coordination of Benefits (if you have insurance in addition to Medicaid)

Only fill out this section if your primary insurance has already paid for the attached prescription.

Primary health plan/Insurance company _____

Primary member name
(Last name, First name, Mi) _____

Primary member ID _____ Date _____

By signing this form I'm confirming that:

- The named member is covered by this prescription drug program.
- This prescription is only for the named member.
- The claims I turned in for payment do not qualify for a no-fault automobile or workers' compensation insurance program.
- I give permission to release of all information for this claim to the plan administrator, underwriter, sponsored policy holder and/or employer.

Signature _____ Date _____

Please keep a copy of this form and receipts for your records.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 7:00 a.m. to 7:00 p.m.

ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

UnitedHealthcare no discrimina en base a raza, color, nacionalidad, sexo, edad ni discapacidad en los programas o actividades de salud.

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros. Tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame al número de teléfono gratuito para miembros que aparece en su tarjeta de identificación del plan de salud, TTY 711, de lunes a viernes, de 7:00 a.m. a 7:00 p.m.