

# RX - Prescription Reimbursement Form



To qualify for reimbursement you must provide all of the information requested on this form and substantiate proof of enrollment and/or payment.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health Plan Name (Found on your ID) \_\_\_\_\_

Health Plan ID# \_\_\_\_\_ Health Plan Group# \_\_\_\_\_

Provider First Name \_\_\_\_\_ Provider Last Name: \_\_\_\_\_

Provider Telephone# \_\_\_\_\_ Provider Tax ID# (If available) \_\_\_\_\_

Provider Address: \_\_\_\_\_

Reimbursement request - Please provide a separate claim for each provider of service.

RX - Prescriptions

Reimbursement Guidelines:  
 Helpful Hints for Prescription Reimbursement:  
 » All prescriptions should be individually secured to a 8 X 11 sheet of paper  
 and should be visually legible outlining the date filled, name of patient, drug and amount paid  
 » Please use a separate page for each individual member if sending prescriptions for multiple members  
 » Please do not highlight or circle

	Date Services were Rendered MO/DAY/YEAR	Name of Provider Service	Patient Name	Amount Billed	Procedure Code	Diagnosis Code
1	__/__/__			\$		
2	__/__/__			\$		
3	__/__/__			\$		
4	__/__/__			\$		
5	__/__/__			\$		
6	__/__/__			\$		

Reimburse: Member  Provider

Email your form and documentation to: [ClaimsDept@QualcareInc.com](mailto:ClaimsDept@QualcareInc.com)

Questions?  
 Contact Qualcare member services at 1-800-992-6613, Monday through Friday, 8 a.m. to 6 p.m. ET.

Please read the following and then sign below  
 I certify that all services for which reimbursement is requested were incurred by myself or my eligible dependents .  
 All qualifying sevices will be reimbursed as outlined in my Plan Summary Description.  
 My signature below affirms that all of the information listed above is complete, accurate and true, to the best of my knowledge.

Signature: \_\_\_\_\_ Date \_\_\_\_\_