

Insurance Copay Reimbursement Form

NOTE: You are not required to pay out-of-pocket for your medication. If you are using a contracted pharmacy, we will pay the pharmacy your insurance co-payment. This form should only be used if you receive your medication from a non-contracted pharmacy.

CLIENT INFORMATION

LAST NAME _____ FIRST NAME _____

CLIENT SOCIAL SECURITY NUMBER/ID NUMBER _____ - _____ - _____

CLIENT IDENTIFICATION NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

(The check will be mailed to the above address)

TELEPHONE NUMBER/MESSAGE PHONE (_____) _____

PRIMARY INSURANCE/MEDICARE PART D INFORMATION

INSURANCE NAME _____

MEMBER ID NUMBER _____

GROUP NUMBER _____

PRESCRIPTION INVOICE/RECEIPT INFORMATION

PRESCRIPTION DISPENSE DATE _____

PRESCRIPTION NUMBER(S) _____

TOTAL PAID _____

(The total amount you are requesting)

NOTE: You must include a copy of the invoice/receipt identifying the name of the medication dispensed, NDC number, dispensed quantity, and copayment amounts. The invoice must show a \$0 balance due.

COMMENT SECTION

PMDC USE ONLY:

DATE RECEIVED _____ DATE PROCESSED _____ PROCESSED BY _____
CHECK DATE _____ CHECK AMOUNT _____ CHECK NUMBER _____



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Ramsell Public Health Rx processes your insurance reimbursement requests approximately 4 – 5 weeks after the request has been received. Please assist us in the processing of these requests by making sure the following things are done:

- Submit all claims within 90 days from the date of service. Claims older than 90 days will be denied.
- Provide a pharmacy/store receipt or an invoice showing a zero balance due and/or the method of payment used for the medication.
- Provide prescription labels and/or invoice showing drug information i.e. drug name, strength, quantity, days supply, prescription number, etc.

In addition, Ramsell Public Health Rx would like to remind you of the following:

- Mail order prescriptions will not be refilled earlier than 30 days from the next refill date.
- Prescriptions will not be approved if you do not have current eligibility.
- Reimbursement will only be made for formulary items.
- Please review our formulary at WWW.PUBLICHEALTHRX.COM for program dispensing policies and restrictions. Some drugs may require additional information such as diagnosis and/or an application.
- Reimbursement is allowed for co-payments only. Please call for exceptions.
- Please use a participating retail pharmacy if you are **not** using mail order services. Participating providers are able to bill us directly for your co-payments.

If you have any questions, please contact Nicole Carpenter at 1-888-311-7632 extension 2616.