

DIRECT MEMBER REIMBURSEMENT FORM

FORMS MISSING INFORMATION MAY BE DELAYED OR RETURNED.
RECEIPTS MUST BE SUBMITTED WITHIN 90 DAYS. REIMBURSEMENT IS NOT GUARANTEED.

Download additional forms at www.medone-rx.com

MEMBER INFORMATION					
First + Last Name		ID # (on card)			
Address		Group # (on card)			
City, State, Zip		Employer			
Phone		Date of Birth			

I certify that all information on this	rm is accurate and all prescriptions are for myself or my dependent.	ent. I
authorize release of all information	quired for this claim to MedOne and its agents. I understand that all	ıt all
receipts must be submitted within	days of the prescription date to be considered for reimbursement.	ent.
Signature	Date	

INSTRUCTIONS

- Complete the front and back of the form. Forms missing information may be denied, delayed or returned. If you need help completing this form, contact your pharmacist.
 - ❖ Member Information may be found on your Member ID Card.
 - Prescription information may be found on your prescription label and cash register receipt.
- 2. Attach the prescription label AND the cash register receipt. BOTH ARE REQUIRED.
 - The following items are also accepted:
 - PAID Pharmacy Invoice. MUST show all required information.
 - Detailed Pharmacy Report / Printout. MUST show all required information.
- 3. Sign and submit this form. Mail to: 1590 University Ave, Dubuque IA 52001. Fax to: 563-588-8725

EXAMPLES OF BOTH RECEIPTS REQUIRED

PRESCRIPTION LABEL **CASH REGISTER** 1. Pharmacy Name 2. Pharmacy NABP RECEIPT ► Best Pharmacy Fill Date 1/1/18 < 3. Member Name 123 Any Ave 4. RX Number Best Pharmacy RX# 568161 < 5. RX Date Town, ST 11111 6. Drug Name/Strength NABP# 555555 RX 568161 \$10.00 7. NDC Total \$10.00 8. Quantity JOHN DOE COPAY: \$10.00 < VISA 2331 9. Day's Supply Change \$0.00 8 10. Amount Paid Lisinopril 20mg Quantity: 90 9 00000-1111-22 Days' Supply: 30 4

PRESCRIPTION INFORMATION

RX DATE	QUANTITY	DAY'S SUPPLY	NDC (11-DIGIT)				
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Compounding Fee

Total

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3. List cost of EACH ingredient. Individual costs plus compound fee

must equal total cost.

4. Attach receipts.