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 form is accurate and all prescriptions are for myself or my dependent. I authorize release of all information required for this claim to MedOne and its agents. I understand that all receipts must be submitted within 90 days of the prescription date to be considered for reimbursement.

_____ _____

Signature Date

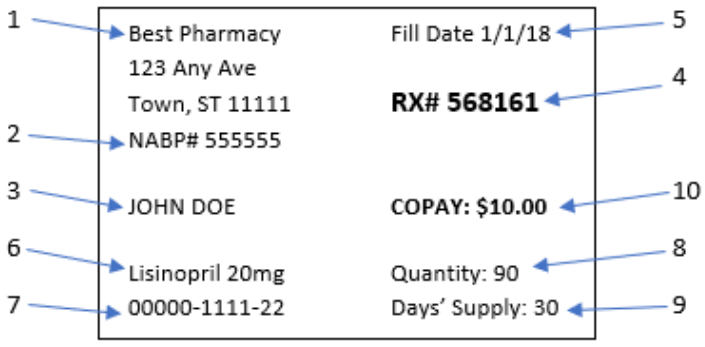
INSTRUCTIONS

1. 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

1. Pharmacy Name
2. Pharmacy NABP
3. Member Name
4. RX Number
5. RX Date
6. Drug Name/Strength
7. NDC
8. Quantity
9. Day's Supply
10. Amount Paid

PRESCRIPTION LABEL



CASH REGISTER RECEIPT

PRESCRIPTION INFORMATION

RX DATE	QUANTITY	DAY'S SUPPLY	NDC (11-DIGIT)
RX NUMBER	DRUG NAME AND STRENGTH		AMOUNT PAID
RX DATE	QUANTITY	DAY'S SUPPLY	NDC (11-DIGIT)
RX NUMBER	DRUG NAME AND STRENGTH		AMOUNT PAID
RX DATE	QUANTITY	DAY'S SUPPLY	NDC (11-DIGIT)
RX NUMBER	DRUG NAME AND STRENGTH		AMOUNT PAID
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RX DATE	QUANTITY	DAY'S SUPPLY	NDC (11-DIGIT)
RX NUMBER	DRUG NAME AND STRENGTH		AMOUNT PAID
RX DATE	QUANTITY	DAY'S SUPPLY	NDC (11-DIGIT)
RX NUMBER	DRUG NAME AND STRENGTH		AMOUNT PAID

COMPOUND PRESCRIPTION

1. List NDC for EACH ingredient.
2. List quantity of EACH ingredient in grams, milliliters, creams, injectables etc. Individual quantities must equal total quantity.
3. List cost of EACH ingredient. Individual costs plus compound fee must equal total cost.
4. Attach receipts.

RX NUMBER	RX DATE	DAY'S SUPPLY
INGREDIENT NDC	INGREDIENT QUANTITY	INGREDIENT COST
Compounding Fee	X	
Total		