

Manual Reimbursement Form

Instructions:

- The purpose of this form is for you to request reimbursement for your medication that you purchased without using your health plan card or other reasons approved by your health plan.
- In order to process your request within 15 business days after receiving your request, it is important to complete all of the information and documentation requested.
- Please use a separate form for each patient.
- In some instances, it will be necessary to contact the pharmacist to assist in completing the information required by the Pharmacy.
- Your health plan will determine reimbursement due based on your Pharmacy benefit.
- Reimbursements are subject to the terms and conditions of your health plan and the amount may be less than the amount presented less applicable copay.
- Reimbursement will only be considered within the timeframe established by your health plan.

Patient Information
Member ID Number:
Group Number:
Patient Name:
Date of Birth:
Patient Address:
Patient Telephone Number:
Name of Legal Representative (If applicable):

 Patient Signature or Legal Representative

 Date



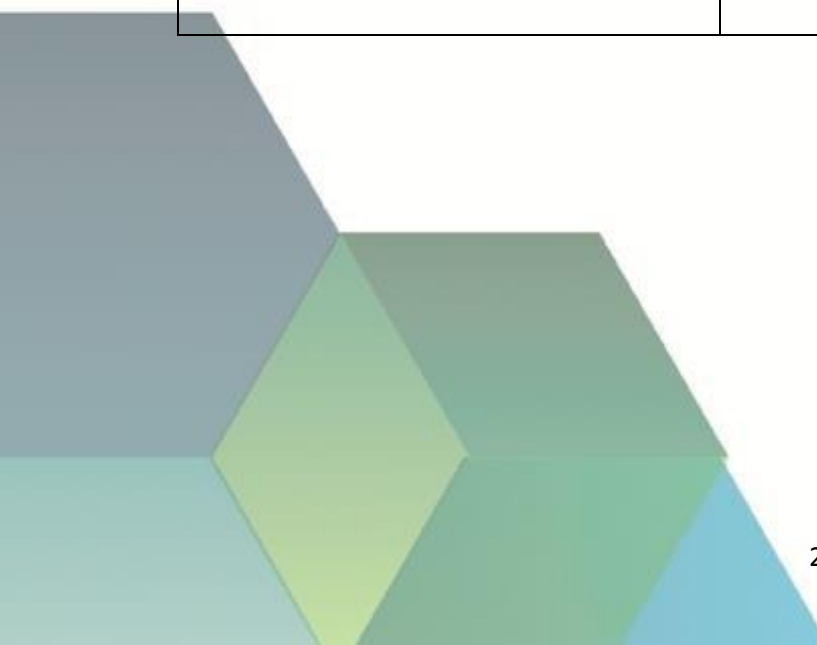
Pharmacy Section:

Pharmacy NABP	Rx Number	Date Dispensed	Quantity
Day Supply	Drug Name & Strength		Drug NDC (11 dígits)
Physician Name		Physician NPI	Total Paid

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Day Supply	Drug Name & Strength		Drug NDC (11 dígits)
Physician Name		Physician NPI	Total Paid



In order to process your request for reimbursement for your medications, it is necessary that you include the following documents:

- If you are unable to complete the information “Pharmacy Section”.
 - ❖ Drug Name, dose & quantity dispensed
 - ❖ Prescription Number
 - ❖ National Drug Code (NDC)
 - ❖ Amount Paid for the medications
 - ❖ Date Dispensed
 - ❖ Name, Address, Telephone & Pharmacy NPI#
 - ❖ Name & Physician NPI# that prescribed the medication

- Must include the original copy of your receipt: Original cash register receipt.

If you have any questions, please contact our customer service center at:
844-636-7506

Remember to sign the manual reimbursement form and send via mail to the following address:

CerpassRx
5904 Stone Creek Drive, Ste. 120
The Colony, TX 75056