

Directions:

- Please use this form when you have paid full price for a covered prescription drug and want to be reimbursed
- This form must be completely filled out in order to process your claim(s)
- You must include a copy of all prescription receipt(s) **and** prescription label(s) with your request form in order to receive reimbursement
- All receipts must contain the following information or they will not be accepted:
 1. Prescription number
 2. Date filled
 3. Pharmacy NPI#
 4. Drug name with NDC number
 5. Drug strength, quantity, days supply and amount paid
- If you have any questions or concerns, please call 866-984-6462. You can also call if you need help filling out this form
- The form should be signed by the member (or legal representative) and mailed to:

MeridianRx
Attn: Pharmacy Reimbursement Requests
1 Campus Martius, Suite 750
Detroit, MI 48226

**If the member is unable to sign, a person who is authorized to do so under the state of law in the state where the individual resides must sign above. This signature certifies that the person is authorized under state law to complete the form on the member's behalf and that all documentation of the authority will be available on request by the plan by the Center for Medicare & Medicaid Services or the state agency.*

