



P.O. Box 30196, Salt Lake City, UT 84130-0196  
801-442-9900 (Salt Lake area) • 208-429-9900 (Boise area) • 855-442-9900 (toll-free)  
selecthealthadvantage.org

## Prescription Reimbursement Form

Refer to the back of this form for additional instructions.

Office Use Only: DMR  COB

### A. MEMBER INFORMATION

Member ID# \_\_\_\_\_ (This number can be found on your ID Card).

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

We will send reimbursement and/or communications to the address in our system unless a confidential address (e.g., address of appointed representative) is on file.

**COORDINATION OF BENEFITS (COB):** If you have additional insurance, you still need to attach the receipt from the pharmacy. If the pharmacy receipts are incomplete, you may also need to obtain an Explanation of Benefits (EOB) from your primary insurer.

### B. OTHER INSURANCE INFORMATION

Do you have other insurance besides SelectHealth?  Yes  No

If yes, please complete the following:

Insurance Carrier \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Is this your primary insurer?  Yes  No

### C. CLAIM INFORMATION

Was the prescription purchased as the result of an emergency?  Yes  No

Was the prescription purchased because there were no 24-hour network pharmacies within a reasonable driving distance at the time of need?  Yes  No

Was the prescription purchased because the medication was out of stock at an accessible network pharmacy and no other network pharmacy was accessible?  Yes  No

If you answered yes to any of the questions above, please describe. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The undersigned certifies that the medication(s) identified below was/were received by the undersigned for the party(ies) named above who is/are eligible for drug benefits and that such medication(s) is/are not for an on-the-job injury or covered under another benefit plan or by a prescription assistance program (in full or in part). The undersigned further authorizes use of such person's Social Security number for identification purposes. Reimbursement will be paid directly to the participant, and assignment of these benefits to a pharmacy or otherwise is void.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Member or Legal Representative)

**D. PHARMACY RECEIPT**

**Tape one pharmacy receipt in this space. Cash register receipts are not acceptable. Please do not use staples.**

The following information is required for each prescription receipt submitted:

Pharmacy name → INTERMOUNTAIN PHARMACY  
7268 SO. BINGHAM JUNCTION  
BLVD., SUITE B1  
MIDVALE, UTAH 84047  
(855) 779-3960

Dosage → JANE DOE MEMBER  
555 E 555 S  
MURRAY, UT 84123  
AMOXICILLIN 500 MG CAP PFIZER

NDC number → ndc-00055-5555-55

NPI number → JOHN SMITH MD  
PRESCRIBER NPI-12345693

Rx number → RX 455555

Date prescription was filled → 22 Oct 15

Quantity (if available) → 40 qty

Days supply (if available) → 10 ds

NABP# (can be obtained from the pharmacy) → NABP #555555

Amount paid → \$3.00

FILL #2  
REFILLS-CALL 24 HOURS IN  
ADVANCE THANK YOU

THE PHARMACIST IS ALWAYS AVAILABLE FOR CONSULTATION

If NPI is not listed on the receipt, please write it here:

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**Prescription Reimbursement Form Instructions**

Complete all of the information on the front of this form to ensure that your benefits are administered correctly and without delay. Claims must be submitted within 36 months from the date of service.

If you are submitting multiple receipts, one reimbursement form is required for each receipt. However, if you are submitting a printout/report from the pharmacy, only one form per person is necessary.

The information needed can be obtained from your member ID Card and the pharmacy where you purchased your prescription(s).

All claims should be submitted to the address below:

**Attn: Pharmacy Services  
SelectHealth Advantage  
P.O. Box 30196  
Salt Lake City, Utah 84130-0196**

Refer to your ID Card for more information. Call us if you do not have a current ID Card. Claims submitted without the proper identification numbers may be delayed or returned for additional information.

If you have questions, call Member Services at **855-442-9900** (toll-free) during the following dates and times:

**October 1 to February 14:**

Weekdays: 7:00 a.m. to 8:00 p.m. Saturday and Sunday: 8:00 a.m. to 8:00 p.m.

**February 15 to September 30:**

Weekdays: 7:00 a.m. to 8:00 p.m. Saturday: 9:00 a.m. to 2:00 p.m. Closed Sunday.

Outside of these hours of operation, please leave a message. Your call will be returned within one business day. TTY users should call 711.

SelectHealth is an HMO plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal.



# Non-Discrimination Notice

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SelectHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide free aid and services to people with disabilities to help them communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). We also provide free language services to people whose primary language is not English, such as qualified interpreters and member materials written in other languages.

If you need these services, please call SelectHealth Advantage Member Services at **1-855-442-9900**. Any member or other person who believes he/she may have been subject to discrimination may file a complaint or grievance by calling the SelectHealth 504/Civil Rights Coordinator at **1-844-208-9012** or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

## Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-442-9900** (TTY: 711).

## Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-855-442-9900** (TTY: 711)。

## Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-442-9900** (TTY: 711).

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-855-442-9900** (TTY: 711)번으로 전화해 주십시오.

## Navajo

Díí baa akó nínízin: Díí saad bee yáníl'ti'go Diné Bizaad, saad bee áká'ánída'áwo'de'ę', t'áá jiik'eh, éí ná hólq', kojí' hódíílnih **1-855-442-9900** (TTY: 711).

## Nepali

ध्यान दनिहोस्: तपार्इंले नेपाली बोल्नुहुन्छ भने तपार्इंको नमिती भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-855-442-9900** (टटिविडि: 711) ।

## Tongan

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-855-442-9900** (TTY: 711).

## Serb-Croatian

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-855-442-9900** (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

## Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-855-442-9900** (TTY: 711).

## German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-855-442-9900** (TTY: 711).

## Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-855-442-9900** (телетайп: 711).

## Arabic

تدعاسملا تامدخ نإف، ةغلل ركذا تدحتت تنك اذا: ةظوحلم مقرب ل لصتا. ن اجملاب كل رفاوتت ةيوغلل (117:مكبل او مصلا فتاه مقر) **0099-244-558-1**.

## Mon-khmer, Cambodian

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយអ្នកនិយាយ ដទៃមិនគិតលុយឡើយ គឺអាចមានសំរាប់ប្រើអ្នក។ ចូរ ទូរស័ព្ទ **1-855-442-9900** (TTY: 711)។

## French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-855-442-9900** (ATS : 711).

## Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 **1-855-442-9900** (TTY: 711) まで、お電話にてご連絡ください。