



500 Discovery Parkway | Suite 375
Superior, Colorado 80027
Phone: 303-628-2100
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MEMBER REIMBURSEMENT FORM

Member Name: _____

Member ID Number: _____

Member Address: _____

Member Email: _____

Member Phone: _____

Employer Name: _____

PRESCRIPTION FILLED FOR: _____

Relationship to Member:

Self

Spouse

Dependent

RX Information:

Fill Date

Drug Name

NDC # (11 digit)

Quantity Dispensed

Drug Price

Fill Date	Drug Name	NDC # (11 digit)	Quantity Dispensed	Drug Price

**ATTACH DETAILED PRESCRIPTION RECEIPTS FOR EACH MEDICATION.
YOUR CLAIM CANNOT BE PROCESSED WITHOUT A RECEIPT!**