



Direct Member Reimbursement Form

Directions: Please read and fill out the entire form.

1. You must fill out this entire form in order for us to process your claim(s)
2. Attach all prescription receipt(s) to the back of this form
3. The receipt(s) must have all of the following information:
 - Rx number
 - date filled
 - pharmacy name
 - physician name
 - drug name
 - strength
 - quantity and prescription charge

****Store cash register receipt(s) will not be accepted. The receipt(s) **MUST** contain the above information****

Molina Dual Options MI Health Link
 Medicare-Medicaid Plan
 Attention: Pharmacy Department
 7050 Union Park Center Suite 200
 Midvale, UT 84047

4. Sign form and mail receipt(s) to:

5. If you have any questions or concerns please call Member Service at (855) 735-5604, TTY users should call 711. We are available, Monday - Friday, 8a.m. to 8p.m., EST.

Member Information: (This is the individual considered to be the cardholder.) Please Print

Member Name: _____ Date of Birth: _____

Member ID Number: _____ Phone Number: _____

Mailing Address: _____

City, State, Zip Code: _____

Prescription Information:

Rx Number	Date Rx Filled	Pharmacy Name & NPI Number	Drug Name	Strength	Quantity & Day Supply	Amount You Paid

Molina Dual Options MI Health Link Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 735-5604, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., EST. The call is free.