MOLINA HEALTHCARE

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 claims(s)

2. Attach all prescription receipts(s) to the back of this form.

3. The receipt(s) must have the following:
   - 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

4. Sign form and mail receipt(s) to: Molina Dual Options Medicare-Medicaid Plan
   Attention: Pharmacy Department
   7050 Union Park Center Suite 600
   Midvale, UT 84047

5. If you have any questions or concerns please call Member Service at (877) 901-8181 TTY users should call 711. We are available Monday – Friday, 8:00 a.m. to 8:00 p.m., local time.

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	Drugstore Name & NPI Number	Drug Name	Strength	Number & Day Supply	Amount You Paid

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

You can get this information for free in other formats, such as large print, braille, or audio. Call (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.