MOLINA HEALTHCARE

MyCareOhio
Connecting Medicare + Medicaid

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****

4. Sign form and mail receipt(s) to:
   Molina Dual Options MyCare Ohio (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 (855) 665-4623 TTY users should call 711. We are available Monday - Friday, 8 a.m. to 8 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	Pharmacy Name & NPI Number	Drug Name	Strength	Quantity & Day Supply	Amount You Paid

Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio 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) 665-4623, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.

https://www.molinahealthcare.com/members/common/en-US/multi-language-taglines.aspx