



**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 STAR+PLUS MMP  
Attention: Pharmacy Department  
7050 Union Park Center Suite 200  
Midvale, UT 84047

5. If you have any questions or concerns please call Member Service at (866) 856-8699, TTD 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	Pharmacy Name & NPI Number	Drug Name	Strength	Quantity & Day Supply	Amount You Paid

Molina Dual Options STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas 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 (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.