



## Prescription Drug Program Medicaid Direct Member Reimbursement Form

Use this form to get refunded if you paid retail cost for your covered prescription drug(s).

### You can submit this form for any of these reasons:

- You're a new member and didn't have your prescription ID card.
- Your pharmacy couldn't find your information in the pharmacy system.
- You were discharged from an inpatient facility after service hours.
- Your primary insurance has already paid for the attached prescription (Coordination of Benefits).
- You had an emergency outside of where you live and didn't have your prescription ID card (Provide proof of Urgent Care or Emergency Room Explanation of Benefits).

### Read carefully before mailing your completed form.

- You must include the original prescription label receipt(s) and credit card or cash register receipts as proof of purchase.
- Submitting this form doesn't guarantee that you will get paid back.
- Claims will be subject to limitations, exclusions and other provisions of the Plan Benefit.
- Any refund or mailings will be sent to the primary plan member.
- The claim(s) will be returned if the form is not completed and signed by the plan member.

### Your receipt(s) must have the following information:

- Pharmacy name
- Drug name, strength and quantity
- Prescribing doctor's name
- Prescription number and date filled
- The amount the member paid for the prescription(s)

If we can't read your receipts, your payment could be delayed, or you may not get paid back.

### Mail the completed form and receipt(s) to:

OptumRx  
P.O. Box 650334  
Dallas, TX 75265-0334

### Questions?

Call the toll-free Member Services number on your member ID card.

**Member information (Please print)**

Health plan (insurance) name	Member ID	Date of birth
Last name, First name, MI		
Mailing address		
Prescribing doctor's name	Prescribing doctor's phone number	

**Reason for request (At least one reason must be selected)**

- I'm a new member and didn't have my prescription ID card.
- My pharmacy couldn't find my information in the pharmacy system.
- I was discharged from an inpatient facility after service hours.
- I had an emergency outside of where I live and didn't have my prescription ID card (Provide proof of Urgent Care or Emergency Room Explanation of Benefits).
- My primary insurance has already paid for the attached prescription (See Coordination of Benefits section below).

**Coordination of Benefits**

Only fill out this section if your primary insurance has already paid for the attached prescription.

Primary health plan/Insurance company

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Primary member name (Last name, First name, MI)

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Primary member ID	Date
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**By signing this form I'm confirming that:**

- The member for whom this claim is made is covered by this prescription drug program.
- This prescription is only for the named member.
- The claims I submitted for payment aren't eligible for payment under a no-fault automobile or workers' compensation insurance program.
- I authorize the release of all information for this claim to the plan administrator, underwriter, sponsored policy holder and/or employer.

Signature	Date
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**Please keep a copy of this form and receipts for your records.**

UnitedHealthcare Community Plan complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently because of:

- Race
- Disability
- Age
- National Origin
- Color
- Sex

UnitedHealthcare Community Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

UnitedHealthcare Community Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact us toll-free at **1-888-980-8728, TTY 711.**

If you believe that UnitedHealthcare Community Plan has failed to provide these services or discriminated in another way, you can file a grievance with:

Civil Rights Coordinator UnitedHealthcare  
Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
**UHC\_Civil\_Rights@uhc.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator UnitedHealthcare is available to help you.

You can also file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

<p>(English) Do you need help in another language? We will get you a free interpreter. Call <b>1-888-980-8728</b> to tell us which language you speak. (TTY: <b>711</b>).</p>
<p>(Cantonese) 您需要其他语言吗? 如果需要, 请致电<b>1-888-980-8728</b>, 我们会提供免费翻译服务 (TTY: <b>711</b>).</p>
<p>(Chuukese) En mi niit ánninis lon pwal eu kapas? Sipwe angeey emon chon chiaku ngonuk ese kamo. Kokori <b>1-888-980-8728</b> omw kopwe ureni kich meni kapas ka ááni. (TTY: <b>711</b>).</p>
<p>(French) Avez-vous besoin d'aide dans une autre langue? Nous pouvons vous fournir gratuitement des services d'interprète. Appelez le <b>1-888-980-8728</b> pour nous indiquer quelle langue vous parlez. (TTY : <b>711</b>).</p>
<p>(German) Brauchen Sie Hilfe in einer anderen Sprache? Wir koennen Ihnen gern einen kostenlosen Dolmetscher besorgen. Bitte rufen Sie uns an unter <b>1-888-980-8728</b> und sagen Sie uns Bescheid, welche Sprache Sie sprechen. (TTY: <b>711</b>).</p>
<p>(Hawaiian) Makemake 'oe i kōkua i pili kekahi 'ōlelo o nā 'āina 'ē? E ki'i nō mākou i mea unuhi manuahi nou. E kelepona i ka helu <b>1-888-980-8728</b> no ka ha'i 'ana mai iā mākou i ka 'ōlelo āu e 'ōlelo ai. (TTY: <b>711</b>).</p>
<p>(Ilocano) Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paraipatarus. Awaganyo ti <b>1-888-980-8728</b> tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo. (TTY: <b>711</b>).</p>
<p>(Japanese) 貴方は、他の言語に、助けを必要としていますか? 私たちは、貴方のために、無料で通訳を用意できます。電話番号の、<b>1-888-980-8728</b>に、電話して、私たちに貴方の話されている言語を申し出てください。 (TTY: <b>711</b>).</p>
<p>(Korean) 다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. <b>1-888-980-8728</b> 로 전화해서 사용하는 언어를 알려주십시오 (TTY: <b>711</b>).</p>
<p>(Mandarin) 您需要其它语言吗? 如有需要, 請致電<b>1-888-980-8728</b>, 我們會提供免費翻譯服務 (TTY: <b>711</b>)。</p>
<p>(Marshallese) Kwōj aikuj ke jipan kōn juon bar kajin? Kōm naaj lewaj juon am ri-ukok eo ejjeļok wōņean. Kūrtok <b>1-888-980-8728</b> im kowaļok nan kōm kōn kajin ta eo kwō meļeļe im kōnono kake. (TTY <b>711</b>).</p>
<p>(Samoan) E te mana'o mia se fesosoani i se isi gagana? Matou te fesosoani e ave atu fua se faaliliu upu mo oe. Vili mai i le numera lea <b>1-888-980-8728</b> pea e mana'o mia se fesosoani mo se faaliliu upu. (TTY: <b>711</b>).</p>
<p>(Spanish) ¿Necesita ayuda en otro idioma? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al <b>1-888-980-8728</b> y díganos qué idioma habla. (TTY: <b>711</b>).</p>
<p>(Tagalog) Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa <b>1-888-980-8728</b> para sabihin kung anong lengguwahe ang nais ninyong gamitin (TTY: <b>711</b>)</p>
<p>(Tongan) 'Oku ke fiema'u tokoni 'iha lea makehe? Te mau malava 'o 'oatu ha fakatonulea ta'etotongi. Telefoni ki he <b>1-888-980-8728</b> 'o fakaha mai pe koe ha 'ae lea fakafonua 'oku ke ngaue'aki. (TTY: <b>711</b>).</p>
<p>(Vietnamese) Bạn có cần giúp đỡ bằng ngôn ngữ khác không? Chúng tôi sẽ yêu cầu một người thông dịch viên miễn phí cho bạn. Gọi <b>1-888-980-8728</b> nói cho chúng tôi biết bạn dùng ngôn ngữ nào. (TTY: <b>711</b>).</p>
<p>(Visayan) Gakinahanglan ka ba ug tabang sa imong pinulongan? Amo kang mahatagan ug libre nga maghuhubad. Tawag sa <b>1-888-980-8728</b> aron magpahibalo kung unsa ang imong sinulti-han. (TTY: <b>711</b>).</p>