

Manual Claim Reimbursement Form

Instructions:

- The purpose of this form is for you to request reimbursement for your medication that you purchased without using your health plan card or other reasons approved by your health plan.
- In order to process your request within 20 business days after receiving your request, it is important to complete all of the information and documentation requested.
- Please use a separate form for each patient.
- In some instances, it will be necessary to contact the pharmacist to assist in completing the information required by the Pharmacy.
- Your health plan will determine reimbursement due based on your Pharmacy benefit.
- Reimbursements are subject to the terms and conditions of your health plan and the amount may be less than the amount presented less applicable copay.
- Reimbursement will only be considered within the timeframe established by your health plan.

Patient Information
Contract Number:
Group Number:
Patient Name:
Date of Birth:
Patient Address:
Patient Telephone Number:
Name of Legal Representative (If applicable):

Print Name

Signature

Date

Pharmacy Section:

Pharmacy NABP	Rx Number	Date Dispensed	Quantity
Day Supply	Drug Name & Strength		Drug NDC (11 dígits)
Physician Name		Physician NPI	Total Paid

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Day Supply	Drug Name & Strength		Drug NDC (11 dígits)
Physician Name		Physician NPI	Total Paid

In order to process your request for reimbursement for your medications, it is necessary that you include the following documents:

- Copy of your prescription (recommended)
- If you are unable to complete the information “Pharmacy Section”, please include the original copy of your receipt:
 - Drug Name, dose & quantity dispensed
 - Prescription Number
 - National Drug Code (NDC)
 - Amount Paid for the medications
 - Date Dispensed
 - Name, Address, Telephone & Pharmacy NPI#
 - Name & Physician NPI# that prescribed the medication
- Include cash register receipt.

Please allow 20 business days for processing. If you have any questions, please contact our customer service center at: 866-499-1940 Option 1.

Remember to sign the manual reimbursement form and send via regular mail to the following address:

TransparentRx
Attn: Manual Claims Reimbursement
10845 Griffith Peak Drive, Suite 200
Las Vegas, NV 89135