



Prescription Drug Claim Form

Instructions:

Use this claim form to request reimbursement for prescription drugs purchased:

- Between the effective date of your prescription coverage and the receipt of your card.
- When prescription drugs are purchased at a non-participating pharmacy.
(Note: Only if allowed by your plan)

When filling out claim form (reverse side):

- Complete a separate form for each family member for whom prescription drugs were purchased.
- Complete the top portion of the form in full. Incomplete forms will be returned to you.
- Attach a copy of your prescription receipt to the Prescription Drug Claim Form.
- Include these numbers from your prescription card:
 - Cardholder’s (insured) Identification (ID) Number.
 - 4-digit Carrier/Plan/Group Code.
 - Person Code: Three-digit number assigned to individual family member.

When form is complete:

(Please do not send forms until you receive your prescription card).

- Fold with address on outside and affix postage.
- **ALL INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.**

If you have any questions, please call RESTAT’s Customer Service at 1-800-248-1062.

Customer Service Hours of Operation: M-F 7AM-1AM CST; SAT & SUN 8AM-5PM CST

FOLD WITH ADDRESS ON OUTSIDE, AFFIX POSTAGE AND MAIL

FROM:

**AFFIX
POSTAGE**

**RESTAT
PATIENT REIMBURSEMENT
11900 W. LAKE PARK DRIVE
MILWAUKEE, WI 53224**

