Alliance Medicare PPO
Pharmacy Reimbursement Form For Medicare Part D

Please complete and return this form with the requested information to:
Alliance Medicare PPO
Attn: Pharmacy Care Management
2850 W. Grand Boulevard
Detroit, MI 48202.

Patient Name: (required)	**Physician Name:**
Patient Member ID: (required):	**Physician Specialty:**
Drug Name/Strength/Quantity (Capital Letters):	**Physician Phone Number:**
Amount Paid:	**Pharmacy Phone Number:**
Attach Pharmacy Receipt (Legible Copy/Original) Note: A copy of your pharmacy receipt can be obtained from your pharmacy. A claim cannot be processed without a receipt	**Reason for Reimbursement Request**

If the requested information is not received, your prescription drug claim cannot be processed for payment. If you have any questions or concerns, please contact Client Services toll-free at (888) 658-2536, Monday through Friday, 8:00 a.m. to 8:00 p.m. and Saturday, 8:00 a.m. to noon. At all other times you may access our interactive voice recording system. We will have extended hours from November 15 through March 1, when Client Services Specialists will be available seven days a week, including holidays, 8:00 a.m. to 8:00 p.m. Members with hearing or speech impairments may call TDD 800-956-4325.