

Pharmacy Reimbursement Form

If you paid out of pocket for your drug and didn't use your insurance, you may be able to get a refund. Use this form to submit your request for a refund.

This is for members with HAP Empowered MI Health Link (Medicare-Medicaid Plan). Remember to:

- Fill out one form per family member.
- Keep a copy of all receipts and paperwork for your records.
- Allow 14 days for processing.

Step 1: Patient information (please print)

Patient name: _____

Rx ID number: _____
(located on the front, lower corner of your ID card)

Date of birth: _____

Address: _____

City, State, ZIP: _____

Phone number: _____

Step 2: Attach receipt

Attach the receipt from the pharmacy that includes the following:

- Patient's name
- Date drug was filled
- Dollar amount charged for each prescription
- Prescription number
- Drug name and National Drug Code
- Doctor's name
- Quantity and days supply

Contact your pharmacy if you need a copy of your receipt.

Attach the receipt from the register for proof of payment.

Step 3: Submit

Please send this form and your receipts by mail to:

HAP Empowered MI Health Link
Attention: Pharmacy Care Management
2850 W. Grand Blvd.
Detroit, MI 48202

For more questions, call (888) 654-0706 (TTY: 711), 24 hours a day, seven days a week for all prescription related matters. For all other calls, hours are 8 a.m. to 8 p.m., seven days a week.

HAP Empowered MI Health Link is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

You can get this information for free in other formats, such as large print, braille, or audio. Call Customer Service at (888) 654-0706, seven days a week, from 8 a.m. to 8 p.m. TTY users should call 711. The call is free.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call Customer Service at (888) 654-0706, seven days a week, from 8 a.m. to 8 p.m. TTY users should call 711. The call is free.

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