



Empowered



# Pharmacy Reimbursement Form

If you paid out of pocket for your prescription and didn't use your insurance, you may be able to get reimbursed. Use this form each time you submit a pharmacy claim.

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

- Complete one form per family member.
- Keep a copy of all receipts and documents 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 prescription was filled
- Dollar amount charged for each prescription
- Prescription number
- Prescription or medicine name and National Drug Code
- Doctor's name
- Quantity and days supply

Contact your pharmacy if you need a copy of your receipt. Also attach the receipt from the register for proof of payment.

## Step 3: Submit

Please send this form and your receipts to:

HAP Empowered  
Attn: Pharmacy  
P.O. Box 2578  
Detroit, MI 48202

For more information, 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.