

Direct Pharmacy Payment Consideration Form

HAP Senior Plus (HMO), HAP Senior Plus (HMO-POS)
and HAP Senior Plus (PPO)



Medicare
Solutions

Please use this form each time you submit a medical claim.

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

Step 1: Your Health Plan

HAP Senior Plus (HMO) HAP Senior Plus (HMO-POS) HAP Senior Plus (PPO)

Step 2: Patient Information: (Please Print)

Patient Name: _____ ID Number: _____
Address: _____ Date of Birth: _____
City, State, Zip: _____
Phone Number: _____

Step 3: Submission Information

a. Attach the prescription receipt(s) that include:

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

Contact your provider or pharmacy if you do not have this information.

b. Attach the proof of payment - please tape your receipt(s) to a separate sheet of paper.

Step 4: Submit to

HAP Claims Division
Pharmacy Reimbursement
2850 West Grand Boulevard
Detroit, MI 48202

For more information call us toll-free at: **(800) 801-1770 (TTY:711)** for HAP Senior Plus (HMO, HMO-POS); **(888) 658-2536 (TTY:711)** for HAP Senior Plus (PPO).

For your convenience, our office hours are:

April 1 through Sept. 30 – Monday through Friday, 8 a.m. to 8 p.m.

Oct. 1 through Feb. 14 – Seven days a week, 8 a.m. to 8 p.m.

Feb. 15 through March 31 – Monday through Friday, 8 a.m. to 8 p.m.; Saturday, 8 a.m. to noon

HAP Senior Plus (HMO), HAP Senior Plus (HMO-POS), and HAP Senior Plus (PPO) are health plans with Medicare contracts. Enrollment in the plans depends on contract renewals. HAP Senior Plus (PPO) is a product of Alliance Health and Life Insurance Company, a wholly owned subsidiary of HAP.