

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 Medicaid. 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 & 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) 654-2200 (TTY: 711)**, 24 hours a day, seven days a week.

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