FirstChoice℠
by Select Health of South Carolina
Your Hometown Health Plan

Healthy Connections

Prescription Reimbursement Request Form

Use this form to request reimbursement for covered medicines purchased at retail cost. Complete one form per member. **Please print clearly.**

Member information		
Member name (Last, First, MI):		
Member ID:	Date of birth:	
Address:		
City:	State:	ZIP code:
Phone: ☐ Home ☐ Cell	Gender: ☐ Male ☐ Female	

Provider and pharmacy information			
Prescribing provider name:		Dispensing pharmacy name:	
Phone:		Phone:	
Address:		Address:	
Medicine:	Prescription number:	Date prescription filled:	Total amount paid: $
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To ask for reimbursement of more services for this pharmacy visit, write the information on a separate piece of paper and include it with this form.			

Reason for request Select appropriate options for your request:
☐ I did not use my Prescription Drug ID card
☐ I used a non-participating pharmacy (please explain):
☐ I filled a compound prescription
☐ I was waiting for a prior authorization (drug approval)
☐ My pharmacy billed incorrectly
☐ Eligibility issues
☐ Primary insurance issues
☐ Other please explain:

Acknowledgment	
I acknowledge that the information I provided on and with this form is correct.	
Please print member name:	
Member signature (parent/guardian):	Date:

Instructions for submitting form

1. Include the original pharmacy information usually found inside the bag or stapled to the outside of the bag for each medicine. If you do not have pharmacy labels, ask your pharmacy to provide them to you.
2. Complete form. Sign and date.
3. Send completed form with pharmacy label(s) to:

   PerformRx℠/Select Health
   P.O. Box 288
   Essington, PA 19029

Note: Reimbursement is not guaranteed. Claims are subject to your plan's limits, exclusions, and provisions.

If your primary language is not English, language services are available to you, free of charge. Call **1-888-276-2020** (**TTY 1-888-765-9586**).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al **1-888-276-2020** (**TTY 1-888-765-9586**).

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