ProCare Rx

<group name>
Health Reimbursement Account (HRA) Rx Form

A. Member Information

Cardholder Name: Last:	First:	Middle:	
Cardholder Address:	City:	State:	Zip:

B. Patient Information

Patient Name: Last:	First:	Middle:	
Date of Birth:	Sex: Male ☐ Female ☐	Relationship to Member: Self ☐ Spouse ☐ Dependent ☐	
Cell Phone #:	Work Phone #:	Alternate Phone #:	

C. Claim Information

Date of Service	Prescription Number	Drug Name	Reimbursement Type (*MSB; **SSB; ***STD)

*Multi-Source Brand (MSB): The physician requires a brand name drug be used instead of the generic for therapeutic reasons.
**Single-Source Brand (SSB): The prescription is for a brand name drug for which there is no generic available.
***Step Therapy Denial (STD): The physician requires a brand name drug in lieu of a generic for therapeutic reason sand your primary insurance denies the claim. (Copy of carrier denial letter, Exception Form and pharmacy receipt is required for each prescription.)

D. Cardholder Certification

Important! Please read and sign below:

I certify that I (or my eligible dependent) have received the medicine described herein and that the plan participant named is eligible for prescription benefits. I certify that all the information entered on this form is correct. By signing below, I have exhausted all remedies through primary insurance. Any person who knowingly and with intent to defraud any insurance company or files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature of Cardholder:	Date:

Please send completed form and pharmacy receipt (not a cash register receipt) to:

EHIM, Powered by ProCare Rx, Medical Department
26711 Northwestern Highway, Ste 500
Southfield, MI 48033

If you should have any questions regarding the reimbursement process, please call the EHIM, Powered by ProCare Rx, Medical Department at:

284-948-9000