



## 'Ohana Health Plan Direct Member Reimbursement Form

Use this form if you pay for a covered prescription drug at retail cost and want to be repaid. **Fill out the form. Send it to the address below. Also send the original prescription label and receipt(s).** We do not accept cash and credit card receipts alone as proof of purchase. **Claim forms that do not have all information will not be processed. Repayment is not guaranteed.**

### Member Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Client ID: 6257

### Reason for Request

<input type="checkbox"/> No Identification Card Available	<input type="checkbox"/> Co-payment Inquiry
<input type="checkbox"/> Out-of-Network Pharmacy Used	<input type="checkbox"/> Pharmacy Unable to Process Claim Electronically
<input type="checkbox"/> Emergency – Please Describe	<input type="checkbox"/> Other – Please Describe

### Pharmacy/Prescription Information

Please attach **detailed prescription label receipts**. Or ask your pharmacist to fill out the information below. **See page two of this form for more space.**

**We must have this information to process your claim.**

Drug Name	Date of Fill	Quantity	Day Supply	Amount Paid
NDC	Dr. Name	Dr. DEA/NPI	Pharmacy NPI	RX Number

### Special Instructions:

We must be able to read the prescription label receipt. If we cannot, repayment may take longer or be denied. Please mail prescription label receipt(s), cash register receipt(s) and this completed form to:

**'Ohana Health Plan  
Reimbursement Department  
P.O. Box 31577  
Tampa, FL 33631-3577**

I confirm the following about the items listed on this form. The prescription(s) have been received. The information is correct. The patient listed is a covered person. The drug is for the use of that patient. The information about the claim(s) may be released. It can be given to these people:

- plan administrator
- sponsored policy holder
- underwriter
- anyone acting for the patient at their request

Member Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Is the enrollee not able to sign? Then another person must sign. He or she must be approved to sign under the laws of the state where the enrollee lives. This signature means that the person who signs is approved under state law to fill out this form. It also confirms that proof of this is available if it is asked for. This request can be from the plan or from the state Medicaid agency. It can also be from the Centers for Medicare & Medicaid Services (CMS). CMS is the federal agency that runs Medicare.

**Sample Prescription Label**

The label below is a sample. Use it as a guide. It can help you find the information you need. Each pharmacy has its own type of label. Please contact your pharmacy to get help with any missing information. Do you need help completing this form? Please contact us. Call the Customer Service phone number listed on the back of your member ID card.

ABC Pharmacy #1234 (813)555-1234  
 NPI: 1234567890 Date of Fill: 1/1/2008  
 123 Any Road Physician Name: Smith  
 Tampa, FL 12345-6789 NPI: 1234567890

John Doe RX#: 1234567  
 Take one (1) capsule by mouth three (3) times daily. Copay: \$10.00  
 Amoxicillin 500mg capsules (Teva) Quantity Dispensed: 30  
 12345-6789-01 Day Supply: 10  
 Refills Remaining: 1  
 Original Date: 1/1/2008

- |                             |                       |
|-----------------------------|-----------------------|
| 1. Pharmacy NPI Number      | 6. Amount Paid        |
| 2. Date of Fill             | 7. Quantity Dispensed |
| 3. Physician Name           | 8. Day Supply         |
| 4. Physician NPI Number     | 9. Drug Name          |
| 5. Prescription (RX) Number | 10. NDC               |

Pharmacy/Prescription Information (Continued from Page 1)				
<i>NDC</i>	<i>Dr. Name</i>	<i>Dr. DEA/NPI</i>	<i>Pharmacy NPI</i>	<i>RX Number</i>
<i>Drug Name</i>	<i>Date of Fill</i>	<i>Quantity</i>	<i>Day Supply</i>	<i>Amount Paid</i>
<i>NDC</i>	<i>Dr. Name</i>	<i>Dr. DEA/NPI</i>	<i>Pharmacy NPI</i>	<i>RX Number</i>
<i>Drug Name</i>	<i>Date of Fill</i>	<i>Quantity</i>	<i>Day Supply</i>	<i>Amount Paid</i>
<i>NDC</i>	<i>Dr. Name</i>	<i>Dr. DEA/NPI</i>	<i>Pharmacy NPI</i>	<i>RX Number</i>

‘Ohana Health Plan complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently because of race, color, national origin, age, disability or sex.

‘Ohana Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, braille, accessible electronic formats, other formats)

‘Ohana Health Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact ‘Ohana Health Plan toll-free **1-888-846-4262** (TTY **711**).

If you believe that ‘Ohana Health Plan has failed to provide these services or discriminated in another way, you can file a grievance with:

‘Ohana Health Plan  
P.O. Box 31384  
Tampa, FL 33637  
Phone: **1-888-318-0427** (TTY: **711**)  
Fax: **1-866-388-1769**  
Email: **SM\_Section1557Coord@centene.com**

You can file a grievance by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

You can also file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019, 1-800-537-7697** (TDD)

Complaint forms are available at **<https://www.hhs.gov/ocr/complaints/index.html>**.

(English) If you need this in another language, or need auxiliary aids and services, large font, oral translation, or other alternative formats, we can provide them to you free of charge. Call 'Ohana Health Plan toll-free **1-888-846-4262** (TTY: **711**).

(Cantonese) 如您需要以其他語言檢閱此資訊，或需要輔助工具和服務、較大的字型、口譯服務或其他替代格式，我們可以免費為您提供。請撥打 'Ohana Health Plan 免費電話 **1-888-846-4262** (TTY: **711**)。

(Chuukese) Ika pwe mi namwot ei non pwan ew fos, are osupwangen aninis me angang mi anisi, font mi watte, affou ren kapas, are pwan ekkoch napanap, sia tongeni awora ngonuk nge ese kamo. Kopwe kokori 'Ohana Health Plan ese kamo **1-888-846-4262** (TTY: **711**).

(French) Si vous avez besoin d'aides et de services auxiliaires, ou si vous avez besoin de ce document dans une autre langue, dans une police plus grande, dans un autre format ou d'une traduction orale, nous pouvons vous les fournir gratuitement. Appelez gratuitement 'Ohana Health Plan au **1-888-846-4262** (TTY: **711**).

(German) Sofern Sie diese Informationen in einer anderen Sprache benötigen oder auf zusätzliche Unterstützung und Dienstleistungen, größere Schriftarten, mündliche Übersetzungen oder andere alternative Formate angewiesen sind, können wir Ihnen diese kostenlos zur Verfügung stellen. Rufen Sie 'Ohana Health Plan gebührenfrei unter **1-888-846-4262** (TTY: **711**) an.

(Hawaiian) Inā makemake 'oe i kēia ma ka 'ōlelo 'ē a'e, a i 'ole makemake 'oe i nā kōkua kōkua a me nā lawelawe, font nui, unuhi waha, a i 'ole nā palapala 'ē a'e, hiki iā mākou ke hā'awi iā 'oe me ka uku 'ole. Kāhea 'Ohana Health Plan uku 'ole **1-888-846-4262** (TTY: **711**).

(Ilocano) No kasapulam daytoy iti sabali a pagsasao, wenna kasapulam dagiti katulongan ken serbisio, dakkel a letra, oral a panagipatarus, wenna dadduma pay nga alternatibo a pormat, mabalinmi nga ipaay dagitoy kenka a libre. Tawagan ti 'Ohana Health Plan a libre iti **1-888-846-4262** (TTY: **711**).

(Japanese) 他の言語や補助支援およびサービス、大活字、通訳、およびその他の代替形式が必要な場合、無料で提供しています。フリーダイヤル (1-888-846-4262) または (TTY: 711) にて、'Ohana Health Plan までお問い合わせください。

(Korean) 다른 언어로 필요하거나 보조 도구 및 서비스, 큰 글씨, 구술 번역 또는 다른 대체 형식이 필요한 경우 무료로 제공해 드릴 수 있습니다. 'Ohana Health Plan에 **1-888-846-4262**(TTY: **711**)번으로 무료로 전화하십시오.

(Laotian) ຖ້າທ່ານຕ້ອງການບໍລິການນີ້ເປັນພາສາອື່ນ, ຫຼື ຕ້ອງການການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມ ແບບຕົວອັກສອນຂະໜາດໃຫຍ່, ການແປພາສາປາກເປົ້າ, ຫຼື ຮູບແບບທາງເລືອກອື່ນໆ, ພວກເຮົາສາມາດໃຫ້ບໍລິການດັ່ງກ່າວໄດ້ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທຫາ 'Ohana Health Plan ໂທຟຣີ **1-888-846-4262** (TTY: **711**).

(Mandarin) 如果您需要其他语言版本，或者需要辅助设备和服务、大号字体、口译服务或其他替代形式，我们可以免费为您提供。请拨打 'Ohana Health Plan 免费电话 **1-888-846-4262** (TTY: **711**)。

(Marshallese) Ñe kwoj aikuj i menin ilo juon ba kajin, ak jipañ ko ilo jeje im jermal ko, jeje killep, ukok ilo ainikien, ak jöt bar jekjek ko rej oktak, jemaroñ lewaj ir ñan eok ilo ejelok wonāān. Kurluk 'Ohana Health Plan ejelok-wonāān kūrlok **1-888-846-4262** (TTY: **711**).

(Samoan) Afai e te mana'omia lenei lomiga i se isi gagana, pe mana'omia fo'i ni fesoasoani ma ni auunaga faaopoopo, o ni tusitusiga tetele, o ni faaliliuga i se isi gagana, po o ni isi fo'i ituaiga o faaliliuga, e mafai ona matou saunia mo oe e aunoa ma se todogi. Valaau 'Ohana Health Plan leai se todogi **1-888-846-4262** (TTY: **711**).

(Spanish) Si necesita esta información en otro idioma, o necesita ayudas y servicios auxiliares, letra grande, traducción oral u otros formatos alternativos, podemos proporcionárselos de manera gratuita. Llame a 'Ohana Health Plan sin cargo al **1-888-846-4262** (TTY: **711**).

(Tagalog) Kung kailangan ninyo ito sa ibang wika, o kung kailangan ninyo ng mga karagdagang tulong at serbisyo, malalaking font, pasalitang pagsasalin, o iba pang alternatibong format, maibibigay namin ang mga ito sa inyo nang libre. Tawagan ang 'Ohana Health Plan nang toll-free sa **1-888-846-4262** (TTY: **711**).

(Thai) หากคุณต้องการเนื้อหาเป็นภาษาอื่น หรือต้องการความช่วยเหลือและบริการเพิ่มเติม แบบอักษรขนาดใหญ่ การแปลโดยการอ่านออกเสียง หรือรูปแบบที่เป็นทางเลือกอื่นๆ เราสามารถให้คุณได้โดยไม่มีค่าใช้จ่าย โปรดโทรหา 'Ohana Health Plan ที่หมายเลขโทรศัพท์ **1-888-846-4262** (TTY: **711**)

(Tongan) Kapau 'oku ke fie ma'u 'eni 'i ha toe lea, pe fiema'u ha ngaahi tokoni mo e ngaahi sevesi, mata'itohi lahi, ngutu, liliu lea, pe ko ha toe fometi founa kehe, te mau lava 'o 'oatu kinautolu kiate koe ta'etotongi. Taa kihe 'Ohana Health Plan Ta'etotongi **1-888-846-4262** (TTY: **711**).

(Vietnamese) Nếu cần hỗ trợ bằng ngôn ngữ khác hoặc cần dịch vụ và trợ giúp bổ trợ, cỡ chữ lớn, phiên dịch hoặc các định dạng thay thế khác, chúng tôi có thể cung cấp miễn phí cho quý vị. Gọi 'Ohana Health Plan theo số miễn cước **1-888-846-4262** (TTY: **711**).

(Visayan) Kung gikinahanglan nimo kini sa laing lengguwahe, magkinahanglan og auxiliary nga mga tabang ug serbisyo, dagko nga font, oral nga paghubad, o ubang mga alternatibong format, mahatag namo kini nimo nga walay bayad. Libre mutawag sa 'Ohana Health Plan sa **1-888-846-4262** (TTY: **711**).