

PRESCRIPTION REIMBURSEMENT

- This is used to record any prescriptions you buy using your money.
- You are required to identify:
 1. the date your prescription was filled;
 2. the name of your medicine;
 3. the name of the pharmacy;
 4. the doctor who prescribed the medicine; and
 5. the cost of the prescription.
- **Please attach all of your receipts** – this includes 1) the prescription receipt (usually stapled to the bag your medicine comes in) and 2) the receipt from the cashier. If you fail to attach these required receipts, reimbursement of your prescription expenses will be denied.
- Please sign the bottom of your form and return your completed form to this office. We will total your reimbursement and will send the form to the insurer. **Please remember that Georgia Law gives the insurer 30 days from receipt to reimburse your expenses.**
- When you need more prescription reimbursement forms, please contact us and we will be more than happy to send additional ones to you.