

Instructions for Medicare Part D Drug and Vaccine Reimbursement

Purpose

This form is a tool to assist in getting you a response as soon as possible. Please print clearly. Use of the form is not required. You may submit equivalent written documentation, but it must provide all the requested information on this form. Please note that missing, incomplete or hard-to-read documentation can delay the successful processing of your request.

When to Use This Form

This form can be used to request reimbursement for any of the following Medicare Part D prescription drug benefits:

- Routine Prescriptions – You purchased a prescription without using your member ID card.
- Hospital Observation– You were admitted to the hospital for up to three days for an observation and you were not allowed to bring your daily drugs from home. During the observation, the only drugs covered by Medicare Part D are those that are administered because you take them on a regular basis (ex. daily) at home.
- Medicare Part D Vaccines – You purchased or had administered a Part D approved vaccine. Such as shingles.
 - If the vaccine was supplied and administered by your doctor or clinic, include the physician invoice.
 - If the vaccine was purchased from and administered by a pharmacy, include the prescription receipt.
 - If the vaccine was purchased from a pharmacy but administered by your doctor, include the prescription receipt from the pharmacy and the physician invoice from the doctor.
- Compound Prescriptions – You purchased a compound prescription without using your member ID card.
 - The easiest way to submit a request for a compound prescription is to request a receipt from the pharmacy that lists all the ingredients. The list should include the National Drug Code (NDC), metric quantity and cost for each ingredient. The pharmacy receipt should be submitted with your request.



**MEDICARE
SOLUTIONS**

Pharmacy Reimbursement Form

If you paid out of pocket for your drug or vaccine and didn't use your insurance, you may be able to get a refund. Use this form to submit your request for a refund.

This is for members with HAP Medicare Connect (HMO), HAP Senior Henry Ford Tiered Access (HMO), HAP Senior Plus Group (HMO-POS), HAP Senior Plus (HMO-POS), HAP Medicare Complete Duals (HMO-D-SNP), HAP MSUHC Medicare (HMO), HAP Medicare Explore (PPO), HAP Senior Plus (PPO). Remember to:

- Fill out one form per member.
- Keep a copy of all receipts and paperwork for your records.
- Allow 14 days for processing.

Step 1: Patient information (please print clearly)

Patient name: _____ City, State, Zip: _____

Date of birth: _____ Phone number: _____

Step 2: Attach receipt

Attach the receipt from the pharmacy or doctor's office that includes the following:

- Patient's name
- Date drug was filled, or vaccination given.
- Dollar amount charged for each prescription or vaccine.
- Prescription number
- Drug name and National Drug Code (NDC)
- Doctor's name
- Quantity and day supply

Attach proof of payment. This could be a register receipt from the pharmacy, doctor's office receipt, or credit card statement. Contact your provider if you need a copy of your receipt.

Step 3: Submit

Please send this form and your receipts by mail to:

HAP Medicare Solutions

Attention: Pharmacy Care Management

1414 E. Maple Rd.

Troy, MI 48083

For more information call **(800) 801-1770 (TTY: 711)** for HAP Medicare Connect (HMO), HAP Senior Plus HMO-POS), HAP Senior Henry Ford Tiered Access (HMO), HAP MSUHC Medicare (HMO) and HAP Senior Plus Group (HMO-POS). **Call (888)658-2536 (TTY:711)** for HAP Senior Plus (PPO), HAP Medicare Explore, and HAP Senior Plus Group (PPO). Call **(800) 848-4844** for HAP Medicare Complete Duals (HMO-D-SNP).

Available 24 hours a day 7 days a week for all prescription related matters. For all other calls, hours are 8am to 8pm, 7 days a week (Oct.1-March 31) and 8am to 8pm Monday through Friday (April 1- Sept. 30).

Health Alliance Plan (HAP) has HMO, HMO-POS, PPO plans with Medicare contracts. HAP Empowered Duals (HMO SNP) is a Medicare health plan with a Medicare contract and a contract with the Michigan Medicaid Program.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.