

**Patient Mail – In Form**

**Be sure to include your pharmacy receipt, as proof of your out-of-pocket cost associated with this prescription.**

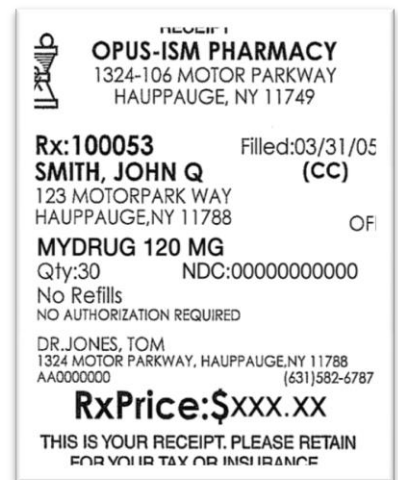
To receive reimbursement for your valid prescription claim, please complete the following steps:

1. Complete the Patient Information Section at the bottom of this form.
2. Attach your pharmacy prescription receipt (not the cash register receipt) to this form.

The pharmacy receipt should contain the same information as this sample (see image, right): **Patient Name and Address, Pharmacy Name, Address and Phone, Prescription # (or Rx #), Fill Date, Drug Name, Strength, NDC#, Quantity, and Price and/or Copay amount**

3. Mail this completed form along with your original pharmacy receipt and a photocopy of your rebate/discount card, to:

**OPUS Health  
Attn: Card Processing Department  
1324 Motor Parkway, Suite 105  
Hauppauge, NY 11749**



**PATIENT INFORMATION SECTION**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

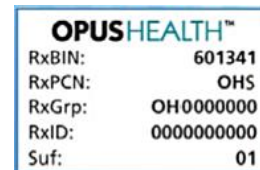
**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_@\_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Drug Name:** \_\_\_\_\_ **Strength:** \_\_\_\_\_

The required claim information below. can be found on your discount card (not your Medical/Pharmacy insurance card). It will typically be located in a box beneath an OPUS Health logo (see image, right).



**Rx Group #: OH** \_\_\_\_\_ **Rx ID#:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

The 11 digit drug NDC code and the Days' Supply can typically be found on the pill bottle.

**NDC Code:** \_\_\_\_\_ **Days' Supply** \_\_\_\_\_ **Date of this Request:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**For assistance completing this form, contact OPUS Health at: 1-800-364-4767.**