

Commercial Member Prescription Drug Reimbursement Form

This form must be used when submitting all requests for prescription drug reimbursement. Please submit a separate form for each patient.

Instructions: In addition to this form, we also require that you enclose either the original attached receipt that was on your medication bag at the time of purchase or a full printout of your claim details from your pharmacy. Your claim(s) cannot be processed if all of the following information is not identified:

- **Medication Name** ▪ **Quantity** ▪ **Day Supply** ▪ **11-digit NDC Number** ▪ **Fill Date**
- **Prescribing Physician** ▪ **Pharmacy Information** ▪ **Patient Amount Paid**

Member Information	
Required	<p>Member Name: _____</p> <p>Member ID Number: _____</p> <p>Phone Number: (_____) _____</p> <p>Member Address: _____ Street Address</p> <p>_____</p> <p style="text-align: center;">City State Zip</p>
Medication Information	
Required	<p>Medication Name(s): _____</p> <p>Prescription Number(s): _____</p> <p>Number of Prescriptions submitted: _____</p>
	<p>Mail to: Florida Hospital Care Advantage Pharmaceutical Services Department 6450 US Highway 1 Rockledge, FL 32955</p> <p>Fax to: 1.855.328.0061</p>

Please select one of the following reimbursement request reasons:

- Did not have Florida Hospital Care Advantage member ID card at time of purchase.
- Vacation supply.
- Prescription(s) obtained prior to an eligibility update (COBRA, FHICCA, etc.)
- Out-of-network purchase: Please attach a detailed explanation on the next page.
- Other: Please attach a detailed explanation on the next page.

Nondiscrimination Notice

Florida Hospital Care Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Florida Hospital Care Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Hospital Care Advantage:

- 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, accessible electronic formats)
- 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, please contact our Civil Rights Coordinator.

If you believe that Florida Hospital Care Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, 6450 US Highway 1, Rockledge, FL 32955, 321-434-4521, 1-800-955-8771 (TTY), Fax: 321-434-4362, civilrightscoordinator@health-first.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Health First Commercial Plans, Inc. is doing business under the name of Florida Hospital Care Advantage. Florida Hospital Care Advantage does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

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English:

If you, or someone you're helping, has questions about Florida Hospital Care Advantage, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 844-522-5279.

Spanish:

En caso que usted, o alguien a quien usted ayude, tenga cualquier duda o pregunta acerca de Florida Hospital Care Advantage, usted tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 844-522-5279.

Haitian Creole:

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Florida Hospital Care Advantage, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 844-522-5279.

Vietnamese:

Nếu Quý vị, hay người mà Quý vị đang giúp đỡ, có câu hỏi về Florida Hospital Care Advantage thì Quý vị có quyền được trợ giúp và được biết thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với thông dịch viên, xin gọi số 844-522-5279.

Portuguese:

Você ou alguém que você estiver ajudando tem o direito de tirar dúvidas e obter informações sobre os Florida Hospital Care Advantage no seu idioma e sem custos. Para falar com um tradutor, ligue para 844-522-5279.

Chinese:

如果您，或是您正在協助的對象，有與 Florida Hospital Care Advantage 相關的問題，您有權以您的母語免費取得幫助和資訊。請致電 844-522-5279 與翻譯員洽談。

French:

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Florida Hospital Care Advantage, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 844-522-5279.

Tagalog:

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Florida Hospital Care Advantage, may karapatan ka na humingi ng tulong at impormasyon sa iyong wika nang libre. Upang makausap ang isang tagasalin, tumawag sa 844-522-5279.

Russian:

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Florida Hospital Care Advantage, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 844-522-5279.

Arabic:

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Florida Hospital Care Advantage، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بالرقم 844-522-5279

Italian:

Se lei o qualcuno che sta aiutando avete domande su Florida Hospital Care Advantage, ha il diritto di ottenere aiuto e informazioni nella sua lingua gratuitamente. Per parlare con un interprete, può chiamare il numero 844-522-5279.

German:

Falls Sie oder jemand, dem Sie helfen, Fragen zum Florida Hospital Care Advantage haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 844-522-5279 an.

Korean:

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Florida Hospital Care Advantage 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 844-522-5279 로 전화하십시오.

Polish:

Jeśli Ty lub osoba, której pomagasz, macie pytania na temat Florida Hospital Care Advantage, macie Państwo prawo do bezpłatnego uzyskania informacji i pomocy w języku ojczystym. Aby porozmawiać z tłumaczem, prosimy zadzwonić pod numer 844-522-5279.

Gujarati:

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યા હો તેમાંથી કોઈને ફ્લોરિડા હોસ્પિટલ કેર એડવાંટેજ વિશે પ્રશ્નો હોય તો તમને તમારી ભાષામાં વિના મૂલ્યે મદદ અને માહિતી મેળવવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 844-522-5279 પર કોલ કરો.

Thai:

หากคุณหรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Florida Hospital Care Advantage

คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย หากต้องการพูดคุยกับล่าม โปรดโทร 844-522-5279.

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