

Prescription Drug Direct Member Reimbursement Form

Instructions: Use this form when you paid full price for a covered prescription drug and you are asking us for a refund. Fill it out and send it to us. Be sure to add proof that you paid for the drug. (This could be the prescription label receipt(s) and cash/credit card receipts). You can ask your pharmacy to help with this. Important:

- **Forms without the needed information, that are not legible, or drug bill was not paid yet, may cause processing delay or denial**
- **Reimbursement is not guaranteed**

Please mail prescription label receipt(s), cash register receipts, and this completed form to:
WellCare Reimbursement Department
PO Box 31577
Tampa, FL 33631-3577

Please call WellCare of North Carolina if you need help with this form. We are available Monday – Saturday 7 a.m. to 6 p.m. at **1-866-799-5318** (TTY: 711).

Example Prescription Label

Below is a sample prescription label. Use this as a guide to find the information you need to complete this form. Each pharmacy has its own label format. Please ask your pharmacy to obtain any missing information.

ABC Pharmacy #1234 NPI: 1234567890 123 Any Road Tampa, FL 12345-6789	(813)555-1234 Date of Fill: 1/1/2008 Physician Name: Smith NPI: 1234567890
John Doe	RX#: 1234567
Take one (1) capsule by mouth three (3) times daily.	Copay: \$10.00
Amoxicillin 500mg capsules (Teva) 12345-6789-01	Quantity Dispensed: 30 Day Supply: 10 Refills Remaining: 1 Original Date: 1/1/2008

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| 1. Pharmacy NPI (National Provider Identification) | 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 (National Drug Code for the drug filled) |

Who is making this request? Member Appointed Representative

Appointed Representatives:

- Please include a signed Appointment of Representative form (CMS-1696) or equivalent notice. For more information, please call us.

Complete the following section ONLY if the person making this request is not the member:

Requestor's Name		
Requestor's Relationship to Member		
Address		
City	State	ZIP Code
Requestor Phone		

Member Information

Member's Name:		
Member ID #:	Member Phone:	
Address:		
City:	State:	ZIP Code:

Reason for Request

<input type="checkbox"/> Drug received during hospital stay	<input type="checkbox"/> Copayment Discrepancy
<input type="checkbox"/> No Identification Card Available	<input type="checkbox"/> Pharmacy Unable to Process Claim Electronically
<input type="checkbox"/> Out of Network Pharmacy Used	<input type="checkbox"/> Vaccine
<input type="checkbox"/> Emergency – Please describe below	<input type="checkbox"/> Other – Please describe below

Clearly mark in this section the drug(s) you are asking for reimbursement. Only drugs listed in this section will be considered. Use more copies of this section of the form if you need more space. Dr. Name and NPI, please provide the physician information who prescribed the drug.

Requested Prescription Drug Information

Drug Name	Date of Fill	Quantity	Day Supply	Amount Paid
NDC	Physician Name/NPI		Pharmacy NPI	RX#
Drug Name	Date of Fill	Quantity	Day Supply	Amount Paid
NDC	Physician Name/NPI		Pharmacy NPI	RX#
Drug Name	Date of Fill	Quantity	Day Supply	Amount Paid
NDC	Physician Name/NPI		Pharmacy NPI	RX#
Drug Name	Date of Fill	Quantity	Day Supply	Amount Paid
NDC	Physician Name/NPI		Pharmacy NPI	RX#
Drug Name	Date of Fill	Quantity	Day Supply	Amount Paid
NDC	Physician Name/NPI		Pharmacy NPI	RX#

I certify that the prescription(s) referred to above have been received and information stated is accurate. I certify that the patient for whom this claim is made is a covered person and that the prescription is for the sole use of the named patient. I release all information pertaining to the above claim(s) to the plan administrator, underwriter, sponsored policy holder and/or any person or entity acting on behalf of the patient at their request.

Enrollee Signature*: _____ **Date:** _____

*If the individual cannot sign, a person who is authorized to do so under state law in the state where the individual resides must sign above. This signature certifies that the person signing is authorized under state law to complete this form and that all documentation of this authority is available upon request by the plan from the individual state Medicaid agency or by the Centers for Medicare & Medicaid Services, the federal agency that runs Medicare.

Notice of Non-Discrimination

WellCare of North Carolina complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation. WellCare of North Carolina does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

WellCare of North Carolina 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, accessible electronic formats, other formats)

WellCare of North Carolina 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 Member Services at **1-866-799-5318** (TTY: **711**). If you believe that WellCare of North Carolina has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

DHHS ADA/RA Complaints
Office of Legal Affairs
2001 Mail Service Center
Raleigh, NC 27699-2001

You can file an ADA/RA (American with Disabilities Act/Rehabilitation Act) complaint by mail. You can ask for the form to file an ADA and/or RA complaint from the DHHS Compliance Attorney at **1-919-855-4800**. It is also available online at <https://files.nc.gov/ncdhhs/DHHS%20ADA%20Grievance%20Procedure%20June%202019.pdf>

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>
- **by mail** at:
U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201; or

- by phone at 1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

If English is not your first language, we can help. Call 1-866-799-5318 (TTY: 711). You can ask us for the information in this material in your language. We have access to interpreter services and can help answer your questions in your language.

Spanish: Si el inglés no es su lengua materna, podemos ayudarle. Llame al 1-866-799-5318 (TTY: 711). Puede solicitarnos la información en este material en su idioma. Tenemos acceso a servicios de intérpretes que pueden ayudarle a responder preguntas en su idioma. Usted puede obtener este material y otra información del plan en letra de imprenta grande gratis. Para obtener materiales en letra de imprenta grande, llame a Servicios a Miembros al 1-866-799-5318.

Chinese: 如果英語不是您的第一語言，我們可以提供幫助。請致電 1-866-799-5318 (TTY: 711)。您可以用您的語言向我們詢問此材料中的訊息。我們可以使用口譯服務，並用您的語言幫助回答您的問題。您可以大字體免費獲得此材料以及其他計劃資訊。如需以大字體獲得材料，請致電會員服務 1-866-799-5318。

Vietnamese: Nếu tiếng Anh không phải là ngôn ngữ mẹ đẻ của bạn, chúng tôi có thể giúp đỡ. Gọi theo số 1-866-799-5318 (TTY: 711). Bạn có thể yêu cầu chúng tôi cung cấp thông tin trong tài liệu này bằng ngôn ngữ của bạn. Chúng tôi có quyền truy cập vào các dịch vụ thông dịch và có thể giúp trả lời câu hỏi của bạn bằng ngôn ngữ của bạn. Bạn có thể nhận tài liệu này và các thông tin khác về chương trình dưới dạng bản in khổ lớn miễn phí. Để nhận các tài liệu dưới dạng bản in khổ lớn, vui lòng gọi tới Ban Dịch Vụ Hội Viên theo số 1-866-799-5318.

Korean: 영어가 모국어가 아닌 경우 도와드리겠습니다. 1-866-799-5318 (TTY: 711)번으로 전화하십시오. 해당 자료에 포함된 정보들을 귀하의 언어로 받아보시려면 저희에게 요청해 주십시오. 저희는 통역 서비스를 이용할 수 있으며 귀하의 언어로 질문에 답변해 드릴 수 있습니다. 큰 활자로 인쇄된 본 자료 및 다른 플랜 정보를 무료로 받아보실 수 있습니다. 큰 활자로 인쇄된 자료를 이용하시려면 가입자 서비스에 1-866-799-5318번으로 전화 주십시오.

French: Si l'anglais n'est pas votre langue maternelle, nous pouvons vous aider. Composez le 1-866-799-5318 (TTY : 711). Vous pouvez nous demander les informations contenues dans ce document dans votre langue. Nous avons accès à des services d'interprétation et pouvons vous aider à répondre à vos questions dans votre langue. Vous pouvez obtenir gratuitement ce matériel et d'autres informations sur le régime en gros caractères. Pour obtenir les matériaux en gros caractères, veuillez appeler les Services aux membres en composant le 1-866-799-5318.

Arabic: إذا لم تكن اللغة الإنجليزية هي لغتك الأولى، فيمكننا المساعدة. اتصل على الرقم 1-866-799-5318 (بالنسبة إلى مستخدمي أجهزة الهاتف النصية، يمكنهم الاتصال على: 711). يمكنك أن تطلب منا تزويدك بالمعلومات الواردة في هذا الكتيب بلغتك. لدينا إمكانية الوصول إلى خدمات الترجمة ويمكننا المساعدة في الإجابة على أسئلتك بلغتك. يمكنك الحصول على هذا الكتيب، بالإضافة إلى معلومات أخرى تتعلق بالخطة، مطبوعة بأحرف كبيرة مجاناً. للحصول على مواد مطبوعة بأحرف كبيرة، يُرجى الاتصال بخدمات الأعضاء على الرقم 1-866-799-5318.

Hmong: Yog tias lus As Kiv tsis yog koj thawj hom lus, peb tuaj yeem pab koj tau. Hu rau 1-866-799-5318 (TTY: 711). Koj tuaj yeem thov cov ntaub ntawv ua koj hom lus ntawm peb tau. Peb muaj kev pab cuam txhais lus thiab tuaj yeem pab teb cov lus nug ua koj hom lus tau. Koj tuaj yeem tau txais cov ntaub ntawv thiab lwm lub phiaj xwm li ntaub ntawv nyob rau tus qauv ntawv luam loj pub dawb. Los txais cov ntaub ntawv luam loj, hu rau Lub Chaw Pab Cuam Tswv Cuab ntawm 1-866-799-5318.

Russian: Если английский не ваш родной язык, мы вам поможем. Просто позвоните по номеру 1-866-799-5318 (телетайп: 711) и попросите представить содержимое этих материалов на вашем языке. У нас есть переводчики, поэтому мы сможем ответить на ваши вопросы на вашем языке. Вы можете бесплатно получить эти материалы в версии с более крупным шрифтом, а также любую другую информацию о планах. Для этого позвоните на линию Службы поддержки участников по телефону 1-866-799-5318.

Tagalog: Kung ang Ingles ay hindi mo unang wika, makakatulong kami. Tumawag sa 1-866-799-5318 (TTY: 711). Maaari mong hilingin sa amin ang impormasyon sa materyal na ito sa iyong wika. Mayroon kaming akses sa mga serbisyo ng tagasalin at makakatulong upang masagot ang iyong mga katanungan sa iyong wika. Maaari mong makuha ang materyales na ito at iba pang impormasyon sa malalaking titik na anyo nang libre. Upang makuha ang mga materyales sa malalaking titik na anyo, tumawag sa Mga Serbisyo sa Miyembro sa 1-866-799-5318.

Gujarati: જો અંગ્રેજી તમારી પહેલી ભાષા નથી, તો અમે મદદ કરી શકીએ. કોલ 1-866-799-5318 (TTY: 711). તમે અમને તમારી ભાષામાં આ સામગ્રીની માહિતી માટે પૂછી શકો છો. અમારી પાસે દુભાષિયા સેવાઓ માટે ઍક્સેસ છે અને તમારી ભાષામાં તમારા પ્રશ્નોના જવાબમાં મદદ કરી શકીએ છીએ. તમે આ લખાણ અને અન્ય યોજના માહિતી મોટા અક્ષરોમાં વિનામૂલ્યે મેળવી શકો છો. મોટા અક્ષરોમાં લખાણ મેળવવા માટે, 1-866-799-5318 પર સભ્ય સેવાઓને કોલ કરો.

Khmer (Cambodian): ប្រសិនបើភាសាអង់គ្លេសមិនមែនជាភាសាទីមួយរបស់អ្នកទេ យើងអាចជួយបាន។ សូមហៅទូរសព្ទទៅកាន់លេខ 1-866-799-5318 (TTY: 711)។ អ្នកអាចស្នើសុំព័ត៌មាននៅក្នុងសៀវភៅណែនាំនេះ ពីយើងជាភាសារបស់អ្នកបាន។ យើងអាចប្រើសេវាកម្មបកប្រែផ្ទាល់មាត់ និងអាចជួយឆ្លើយសំណួររបស់អ្នកជា ភាសារបស់អ្នកបាន។ អ្នកអាចទទួលបានសៀវភៅណែនាំនេះ និងព័ត៌មានអំពីគម្រោងផ្សេងទៀតជាអក្សរធំបាន ដោយឥតគិតថ្លៃ។ ដើម្បីទទួលបានឯកសារនានាជាម្រង់សៀវភៅដែលមានអក្សរធំ សូមហៅទូរសព្ទទៅកាន់ សេវាកម្មសមាជិកតាមរយៈលេខ 1-866-799-5318។

German: Wenn Englisch nicht Ihre Muttersprache ist, können wir Ihnen helfen. Rufen Sie 1-866-799-5318 (TTY: 711) an. Sie können die Informationen in diesem Material in Ihrer Sprache anfordern. Wir haben Zugang zu Dolmetscherdiensten und können Ihnen helfen, Ihre Fragen in Ihrer Sprache zu beantworten. Sie können dieses Material und andere Planinformationen kostenlos in Großdruck erhalten. Um die Materialien in Großdruck zu erhalten, rufen Sie den Member Service unter 1-866-799-5318 an.

Hindi: यदि अंग्रेजी आपकी पहली भाषा नहीं है, तो हम सहायता कर सकते हैं। 1-866-799-5318 (TTY: 711) पर कॉल करें। आप अपनी भाषा में हमें इस सामग्री की सूचना प्रदान करने के लिए कह सकते हैं। हमारे पास दुभाषिया (इंटरप्रेटर) सेवाएं उपलब्ध हैं और हम आपकी भाषा में आपके प्रश्नों के उत्तर दे सकते हैं। आप यह सामग्री और योजना संबंधी अन्य सूचना मुफ्त में बड़े प्रिंट में प्राप्त कर सकते हैं। बड़े प्रिंट में सामग्री प्राप्त करने के लिए, सदस्य सेवाएं को 1-866-799-5318 पर कॉल करें।

Laotian: ຖ້າພາສາອັງກິດບໍ່ແມ່ນພາສາທຳອິດຂອງທ່ານ, ພວກເຮົາສາມາດຊ່ວຍທ່ານໄດ້. ໂທຫາ 1-866-799-5318 (TTY: 711). ທ່ານສາມາດຂໍເອົາຂໍ້ມູນໃນເອກະສານນີ້ເປັນພາສາຂອງທ່ານນຳພວກເຮົາໄດ້. ພວກເຮົາມີການເຂົ້າເຖິງການບໍລິການລ່າມແປພາສາ ແລະ ສາມາດຊ່ວຍຕອບຄຳຖາມຂອງທ່ານເປັນພາສາຂອງທ່ານໄດ້. ທ່ານສາມາດເອົາເອກະສານນີ້ ແລະ ຂໍ້ມູນແຜນການອື່ນທີ່ພິມເປັນແຜ່ນໃຫຍ່ໄດ້ຟຣີ. ເພື່ອເອົາເອກະສານນີ້ທີ່ພິມເປັນແຜ່ນໃຫຍ່, ໃຫ້ໂທຫາໜ່ວຍບໍລິການສະມາຊິກທີ່ເບີ 1-866-799-5318.

Japanese: 英語が母国語でない場合もお手伝いいたします。1-866-799-5318 (TTY: 711) までお気軽にお電話ください。お使いの言語で本資料の情報をお問い合わせいただけます。通訳サービスを使用し、お使いの言語でご質問にお答えいたします。本資料やその他の計画情報は大きな字体のものも無料で入手いただけます。大きな字体での資料をご希望の場合は、1-866-799-5318の会員サービスまでお電話ください。