LIFEWISE | HEALTH PLAN OF WASHINGTON

Discount Card Reimbursement
for ACA Health Care Reform Mandates

INSTRUCTIONS:

Notice: This form is only to be used for ACA Health Care Reform mandated prescription reimbursement for members on the Drug Discount Program.

- *Complete all information, following all instructions carefully. An incomplete form and/or missing attachments may delay your reimbursement.*
- *Please contact Customer Service at 800-592-6804 if you have questions about Discount Card Reimbursements (800-842-5357 TDD for the hearing impaired).*

1. SUBSCRIBER / PATIENT / PHARMACY INFORMATION — *complete a separate form for each person and each pharmacy*

Subscriber name		Patient name
Subscriber ID number	Subscriber group number	Patient relationship to subscriber ☐ Self ☐ Spouse / domestic partner ☐ Dependent
Subscriber mailing address		
Pharmacy name		Pharmacy mailing address

2. PRESCRIPTION DRUG RECEIPTS — *limit 10 receipts per form. This form is to be used for Discount Card Reimbursement prescription claim submissions only. Not to be used for secondary Rx claim submissions.*

☐ Iron ☐ Aspirin ☐ Smoking Cessation
☐ Folic Acid ☐ Fluoride ☐ Birth Control

- *List prescription drugs in date order, limiting 10 receipts per form. Use a separate form for additional receipts.*
- *All prescriptions listed must be for the same person and same pharmacy. Use a separate form for each person, each pharmacy.*
- *Receipts must be attached. Do not staple! Tape receipts to reverse side or on a separate sheet. Cash register receipts are not acceptable.*

	Date of Purchase	Amount Charged	Drug Quantity Units/Days	Name of Each Drug	Rx Number NDC Number	Prescribing Physician	Receipt attached?
1							☐ Yes ☐ No
2							☐ Yes ☐ No
3							☐ Yes ☐ No
4							☐ Yes ☐ No
5							☐ Yes ☐ No
6							☐ Yes ☐ No
7							☐ Yes ☐ No
8							☐ Yes ☐ No
9							☐ Yes ☐ No
10							☐ Yes ☐ No

3. SUBSCRIBER SIGNATURE

X Date

Return completed form and all attachments to LifeWise Health Plan of Washington, P.O. Box 91059 Seattle, WA 98111.

LifeWise

Discrimination is Against the Law
LifeWise Health Plan of Washington complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Getting Help in Other Languages
This Notice has Important Information. This notice may have important information about your application or coverage through LifeWise Health Plan of Washington. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-592-6804 (TTY: 800-842-5357).

Español (Spanish): Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de LifeWise Health Plan of Washington. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-592-6804 (TTY: 800-842-5357).

中文 (Chinese): 本通知有重要的訊息。本通知可能有關於您透過 LifeWise Health Plan of Washington 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-592-6804 (TTY: 800-842-5357)。

Tiếng Việt (Vietnamese): Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình LifeWise Health Plan of Washington. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-592-6804 (TTY: 800-842-5357).

Tagalog (Tagalog): Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng LifeWise Health Plan of Washington. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-592-6804 (TTY: 800-842-5357).