



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 (TTY: 711) if you have questions about Discount Card Reimbursements.

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 <input type="checkbox"/> Self <input type="checkbox"/> Spouse / domestic partner <input type="checkbox"/> 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.		
<input type="checkbox"/> Iron	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Smoking Cessation
<input type="checkbox"/> Folic Acid	<input type="checkbox"/> Fluoride	<input type="checkbox"/> 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	Prescribing Physician	Receipt attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
					NDC Number		
1							<input type="checkbox"/> Yes <input type="checkbox"/> No
2							<input type="checkbox"/> Yes <input type="checkbox"/> No
3							<input type="checkbox"/> Yes <input type="checkbox"/> No
4							<input type="checkbox"/> Yes <input type="checkbox"/> No
5							<input type="checkbox"/> Yes <input type="checkbox"/> No
6							<input type="checkbox"/> Yes <input type="checkbox"/> No
7							<input type="checkbox"/> Yes <input type="checkbox"/> No
8							<input type="checkbox"/> Yes <input type="checkbox"/> No
9							<input type="checkbox"/> Yes <input type="checkbox"/> No
10							<input type="checkbox"/> Yes <input type="checkbox"/> 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.



Discrimination is Against the Law

LifeWise Health Plan of Washington (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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 Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Language Assistance

- ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-592-6804 (TTY: 711).
- 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-592-6804 (TTY: 711)。
- CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-592-6804 (TTY: 711).
- 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-592-6804 (TTY: 711) 번으로 전화해 주십시오.
- ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-592-6804 (телетайп: 711).
- PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-592-6804 (TTY: 711).
- УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-592-6804 (телетайп: 711).
- ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-592-6804 (TTY: 711)។
- 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。800-592-6804 (TTY:711) まで、お電話にてご連絡ください。
- ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በገጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-592-6804 (መስማት ለተሳናቸው: 711)።
- XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-592-6804 (TTY: 711).
- ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-592-6804 (رقم هاتف الصم والبكم: 711).
- ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-592-6804 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
- ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-592-6804 (TTY: 711).
- ໂປດອຸບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສ່ຽງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-592-6804 (TTY: 711).
- ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-592-6804 (TTY: 711).
- ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-592-6804 (ATS : 711).
- UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-592-6804 (TTY: 711).
- ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-592-6804 (TTY: 711).
- ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-592-6804 (TTY: 711).
- توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-592-6804 (TTY: 711) تماس بگیرید.