

Direct Member Reimbursement Form

Directions: Please read and fill out the entire form.

- 1. This form must be completely filled out in order to process your claim(s). Please be thorough.
- 2. Attach all prescription receipt(s) to the back of this form.
- 3. Prescription receipt(s) must contain all of the following information: Rx number, date filled, pharmacy name, physician name, drug name, strength, quantity and prescription charge.
- ****Store cash register receipt(s) will not be accepted, the receipt(s) MUST contain the above information.****
- 4. Sign form and mail receipt(s) to: Passport by Molina Healthcare

Attention: Pharmacy Department 7050 Union Park Center Suite 200

Midvale, UT 84047

5. If you have any questions or concerns please call Member Services at (800) 665-3086, TTY users should call 711. We are available October 1 – March 31 - 7 days a week, 8 a.m. to 8 p.m., local time, April 1 – September 30 - Monday – Friday, 8 a.m. to 8 p.m., local time.

rember information: (This is the marviatial considered to be the cardiolder.) Please Plint				
Member Name:	Date of Birth:			
Member ID Number:	Phone Number:			
Mailing Address:				
City State Zin Code:				

Prescription Information:

Rx Number	Date Rx Filled	Pharmacy Name & NPI Number	Drug Name	Strength	Quantity & Day Supply	Amount You Paid

You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (800) 665-3086 TTY: 711. The call is free.

Passport by Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

https://www.molinahealthcare.com/members/common/en-US/multi-language-taglines.aspx