

PO Box 4581 - Warren, New Jersey 07059

www.opushealth.com

Tel: 1-800-364-4767

Please complete this form and submit with all required information and attachments to be considered for reimbursement. Do not submit claims for any prescription covered under Medicare, Medicaid, CHAMPUS, TRICARE or any state or federally funded programs, nor for any amount covered by insurance, FSA or HSA - none of which are eligible for payment.

| Patient Information | |
|--|--|
| Name (Last, First): | |
| Address (Street):Date of Birth: | |
| Apt./Suite No City: State: Zi | p: |
| Email:Phone: () | Fax: () |
| (Your email address will be used ONLY for claim status notification. It will be kept confidential at Please refer to the OPUS Health box, found on your card or printed offer, for the required information. It will look similar to the example shown (right). [] Check this box if you are including a copy of your copay card or printed offer with the company of the company of the company of the company of the confidential at t | DH |
| Insurance Information | |
| Do you have Health Insurance: [] No [] Yes and my insurer for prescription benefits is: | |
| Pharmacy Receipt | |
| Pharmacy Receipt | |
| Mail this completed form along with the following items to the following address: Attn: Card Processing Department, OPUS Health PO Box 4581, Warren, New Jersey 07059 Failure to include any of the following will result in claim rejection: 1. The original pharmacy receipt received from your pharmacy with your Rx (see sample receipt, right) which must include the following information (): ✓ Patient name and address ✓ Pharmacy name, address and phone ✓ Doctor or health care provider name, address and phone number ✓ Prescription # (RX #), fill date, drug name, strength, NDC #, and quantity ✓ Overall prescription price and Copay amount/out of pocket expense paid 2. Copy of your EOB (if required in Insurance Information section above) 3. The cash register receipt with the amount paid for this prescription clearly iden | RECEIPT ANY PHARMACY, INC 100 Main St. Anytown, NY 12345 RX:100053 Filled:03/31/05 SMITH, JOHN Q (CC) 123 MOTORPARK WAY HAUPPAUGE,NY 11788 OFI MYDRUG 120 MG Qty:30 NDC:00000000000 No Refills NO AUTHORIZATION REQUIRED DR.JONES, TOM 1324 MOTOR PARKWAY, HAUPPAUGE,NY 11788 AA0000000 (631)582-4787 RXPrice:\$XXX.XX THIS IS YOUR DECCRIPT DE GASE DETAIN |
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