REDEEMING PRESCRIPTION AND OTHER MEDICAL COSTS

1. To receive reimbursement for prescriptions and other medical costs, you will need to fill out the attached form. The Group Name and Policy Number have been completed for you. It looks like a long form, but I promise you know all of this information!
2. In Section 1, check the box that relates only to your reimbursement. You may check more than one box.
3. If being reimbursed for an injury visit, complete section 2.
4. If being reimbursed for a sick visit, complete section 3.
5. Section 4 asks if you have other insurance. Most students do not, so the “no” box has been checked for you. If this is not true in your case, you may adjust accordingly.
6. Section 5 asks who is being reimbursed. That’s you! You should check the second box, “Expenses have been paid by the patient/participant…”

1. You are done! Now you just need to SIGN THE FORM!

1. Scan your itemized receipt.  This receipt should include the information below. Just ask your doctor or pharmacist for an itemized bill for your insurance, they will know what you need!

* Pharmacy name or Medical Facility Name
* Patient’s name
* Name of the medication(s), if a prescription
* Diagnosis codes, if applicable
* Procedure codes, if applicable
* Physician’s name
* Provider Tax ID
* Dosage, if a prescription
* Date of service
* Amount Paid by student that needs to be reimbursed

1. Email these scanned documents to [piaservice@ascensionins.com](mailto:piaservice@ascensionins.com).  Include your member # and name in the subject line.

1. Do not delete your sent email. Keep copies of the documents you have mailed to your insurance company.