Date

Claimant Name

Claimant Address

City, Zip Code

Re: Reimbursement Request for Out-of-Pocket Pharmacy Expenses

Claim #:

Dear (Claimant First, Last Name),

Enclosed you will find the form and details needed to successfully process requests for reimbursement of out-of-pocket pharmacy expenses associated with your workers’ compensation claim.

Please send to my attention the fully completed reimbursement form and supporting documents.

To avoid future out of pocket expenses, please make sure to present at the counter the RxBridge pharmacy benefit management card associated with your worker’s compensation injury. For more information contact your claims adjuster or [customersupport@rxbridge.com](mailto:customersupport@rxbridge.com)

Within 45 days of your request, you will receive an explanation of benefits showing approval, reduction, or denial of the reimbursement. If you disagree with the determination, you have the right to request medical dispute resolution from the Texas Department of Insurance, Division of Workers’ Compensation. For more information call 800-252-7031 or access this link: <https://www.tdi.texas.gov/wc/employee/index.html>

If you have any questions, do not hesitate to call me.

Thanks,

Adjuster Signature

Adjuster Name

Adjuster Phone Number

Attachment: Reimbursement Form – Pharmacy Out of Pocket Expenses

## **Request for Reimbursement - Out-of-Pocket Pharmacy Expenses**

|  |  |
| --- | --- |
| Personal and Injury Information | |
| Name |  |
| Claim number |  |
| Date of Injury |  |
| Pharmacy Reimbursement | |
| 1. Pharmacy Name and Address |  |
| 1. Prescribing Provider Name and Address |  |
| 1. Provider NPI # |  |
| 1. Date of Service |  |
| 1. Rx Number |  |
| 1. Rx Quantity |  |
| 1. National Drug Code (NDC #) |  |
| 1. Pharmacy Details Sheet | Must be attached\* |
| 1. Proof of Payment | Must be attached\* |

The following definitions are provided for clarity regarding the supporting documents/information required:

**C. Provider NPI #**: National Provider Identifier is a 10-digit number that the clinic or office will have on file for the provider or found at: [https://npiregistry.cms.hhs.gov/search](https://urldefense.com/v3/__https:/npiregistry.cms.hhs.gov/search__;!!DVVpH7g!2Lry0Ki7XB9qRYgkbaF04xK2XWVM2WC8gfr8e3HE82S0KavB9JIwBfpUXyHS2UIabBM9zCA-hadmiEKqDkzYyR4$)

**D. Date of Service**: Date medical care was received (associated with this charge)

**G. National Drug Code (NDC):** 10–11-digit number typically found on the medication bottle or the label, or the packaging of the product itself.

**H. Pharmacy Detail Sheet:** Attach the informative pages typically stapled to prescription’s package

1. **Proof of Payment**: Attach a receipt from the pharmacy purchase showing the paid amount