

Health Net Health Plan of Oregon, Inc. 13221 SW 68th Parkway Tigard, Oregon 97223 Phone 888.802.7001

www.healthnet.com

Pharmacy Reimbursement Form

Whenever possible, Health Net recommends you fill prescriptions at participating pharmacies. However, members are eligible for reimbursement (minus the copayment) on covered prescriptions filled by a pharmacy other than a participating pharmacy for emergency medical care rendered outside the service area or if they are not active in the Health Net system at the time that the prescription is filled.

Mail a copy of your pharmacy receipts (not cash register receipts) to our office with the member's name, Health Net ID number and daytime phone number. Claims must be submitted within one year of the date of service. Please allow two to three weeks for reimbursement.

Member Name:	
Health No	et Identification Number:
Daytime	Phone Number:
Coordina	tion of Benefits Information
be eligible	let is not your primary health plan or you are covered by more than one group health plan, you may for secondary reimbursement from Health Net on your prescription drugs. Please include the information, along with an EOB (Explanation of Benefits) from your primary carrier if possible.
Primary I	nsurance Carrier Name:
Member's	s ID Number with Primary Carrier:
Primary I	nsurance Carrier Phone Number:
Please ma	il to:
	Health Net of Oregon Attn: Pharmacy Claims 13221 SW 68 th Parkway, Suite 200 Tigard, OR 97223

If you have further questions, please call Health Net's Pharmacy Services department at 1-888-802-7001 on Monday through Friday, 9 a.m. to noon, and 1 p.m. to 5 p.m. Pacific Time.