Reimbursement Form

Directions

1. This form must be completely filled out to process your claim(s)
2. Attach a copy of all prescription receipt(s) to the back of this form
3. Please submit within 3 years from the date the prescription was obtained
4. Prescription receipts should contain as much of the following information as possible;
   a. Prescription number and date filled
   b. Pharmacy name and telephone number
   c. Drug name and strength
   d. Quantity, day supply and amount paid

5. Mailed:
   UPHP MI Health Link
   ATTN: MPD – 1000UR
   P.O. Box 64806
   St. Paul, MN 55164-0811

   OR Faxed:
   866-391-6730

6. If you have any questions, please call Customer Service at **855-380-0275** (TTY: 711). Representatives are available 24 hours a day, 7 days a week.

Member Information

Member Full Name:	Member ID Number:
Mailing Address:	Phone Number:
City: State:	Zip:

You did not receive coverage at the pharmacy because:

- ☐ You have not received your ID Card
- ☐ The pharmacy is not in the network
- ☐ The pharmacy cannot process the claim electronically
- ☐ It was an emergency - Please describe the emergency on a separate sheet
- ☐ The pharmacy or payer system was down
- ☐ You did not have your ID card and the pharmacy could not verify eligibility
- ☐ There were not any network pharmacies available where the prescription could be filled
- ☐ Other - Please describe on a separate sheet

Other Insurance Coverage Information
Are you eligible for primary prescription drug coverage from another insurance company?
☐ Yes
☐ No
Other Insurance Company's Name:
Group Number:
Member ID Number:
Effective Date of Coverage:

Prescription Information							
#	Rx Number	NDC Number	Compound Y/N	Date Filled (mm/dd/yyyy)	Drug Name/Strength	Amount Paid	Quantity/Day Supply
1							
2							
3							
4							

Pharmacy Information			
#	Pharmacy Name	Pharmacy Phone Number	Pharmacy NPI Number
1			
2			
3			
4			

Prescriber Information				
#	Prescriber Name	NPI Number	Phone Number	State
1				
2				
3				
4				

REMINDER: To avoid having to submit a paper claim
✓ Always have your prescription drug card at the time of purchase
✓ Always use pharmacies in your network
✓ Use medication covered under your formulary

Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

You can get this document for free in other format, such as large print, braille, or audio. Call UPHP MI Health Link Customer Service at 1-877-349-9324 (TTY:711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.