

# PRESCRIPTION REIMBURSEMENT

**If you have to pay out-of-pocket for your prescriptions, follow these steps for the prescription reimbursement process.**



## REIMBURSEMENT STEPS

- 1** Submit an itemized prescription receipt that includes:
  - Pharmacy name and address
  - Date of purchase
  - Member name
  - Name of drug
  - NDC#
  - Dosage
  - Quantity/days supply
  - Total charge
- 2** Include a copy of your payment receipt.
- 3** Download the Medical/Rx Claim form (found on the AultCare website) and complete the employee statement section.
- 4** Mail the claim form with receipts to:  
AultCare | PO Box 6910 | Canton, OH 44706-0910.  
You may also fax all information to 330-363-3284.
- 5** Please include your name, AultCare member number, and group number on each submission.
- 6** Keep copies of all submitted documents for your records.

**Please check the details of your healthcare plan to determine if a reimbursement is available. Not all plans receive a reimbursement if you do not present your card at the pharmacy.**

### CONTACT US

330-363-6360 | 1-800-344-8858 (TTY 711)  
aultcare.com