

PRESCRIPTION REIMBURSEMENT



REIMBURSEMENT STEPS

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



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 (Application for Benefits) from the AultCare website and complete the employee statement section

4) Mail the claim form with receipts attached 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.

AULTCARE CUSTOMER SERVICE: 330-363-6360 or 1-800-344-8858

AULTRA CUSTOMER SERVICE: 330-363-2050 or 1-855-270-8497

