Capital Health PLAN
An Independent Licensee of the Blue Cross and Blue Shield Association

Capital Health Plan Reimbursement Request Form

Subscriber Name: _____
Last *First* *Middle Initial*

Address: _____
Street *City* *State* *Zip*

Subscriber's ID # (Located on front of card): _____ Telephone Number: _____

Member Requesting Reimbursement Name
(If different from subscriber): _____

Member ID: _____ Relationship to Subscriber: _____

☐ Check here if the address above is a new address and can be used to update your Capital Health Plan record.

Type of Reimbursement (Please select one):

☐ **Prescription Drugs:**
Please attach the detailed print-out from your pharmacist for *each* prescription. This print-out must include the following information: member's name, prescribing doctor's name, prescription name, prescription number, prescription quantity and dosage, pharmacy ID, and date prescription was filled. (*Credit card receipts, bank statements, or cashier's receipts do not provide sufficient information.*)

Please indicate reason for reimbursement request (ex. COBRA, lost card, out of the area, out of the country, etc) :
_____

☐ **Eyeglasses** *(applies to Medicare plans only - $150 limit every 2 years):*
Please attach an itemized receipt which includes the following information: member name, date, facility name, list of items/services purchased, and total amount paid.

☐ **Other:**
Please explain in detail the service you received or items you purchased and your reason for requesting reimbursement. (*For Health and Fitness reimbursements, please fill out the Health/Fitness Center Reimbursement Form.*)

_____
_____
_____
_____
_____
_____

Additional Information:

_____
_____
_____

Please include each item and check off the boxes below:

Mail completed form to:
Capital Health Plan
Claims Department
Po Box 15349
Tallahassee, FL 32317-5349

_____ _____
Subscriber's Signature Date

☐ This completed form.
☐ Clear copies of all receipts, bills, and/or itemized statements pertaining to request (explained above).

Reimbursement requests can take up to 30 days to process. It may take longer if additional information is needed to process the request.