

SeniorsGetMore.org | 855-833-8125

Submit this form to reimburse qualified, over-the-counter pharmacy items as part of our *Healthy Rewards* benefit. Reimbursement is up to \$50 per month. We will reimburse you up to the value of the benefit available to you at the time of reimbursement.

You must be a member of Boston Medical Center HealthNet Plan Senior Care Options at the time of purchase, and your receipt must be for qualified items purchased before December 31. Reimbursements should be submitted within one year of the date of purchase. Please contact Member Services at **855-833-8125** if you have any questions.

Member Information (Please print information clearly)			
MEMBER ID NUMBER (FOUND ON YOUR MEMBER ID CARD)			
LAST NAME			
FIRST NAME		MIDDLE INITIAL	
ADDRESS	CITY	STATE	ZIP CODE
PHONE			

Purchase Information (Required)
Please attach a copy of your receipt to this form. (Required)
STORE NAME AND LOCATION:
DESCRIPTION OF ITEMS PURCHASED:
REIMBURSEMENT AMOUNT REQUESTED:

CERTIFICATION AND AUTHORIZATION (This form must be signed below).

I certify that the information provided in support of this submission is complete and correct, that I have only purchased qualified expenses, and that I have not previously submitted for this reimbursement.

 Member's Signature

Please mail this form (including copies of required documents) to: Boston Medical Center HealthNet Plan
 Senior Care Options
 Member Fulfillment
 529 Main Street, Suite 500
 Charlestown, MA 02129