

SCO OTC Reimbursement Form



This form allows WellSense Senior Care Options plan members to request reimbursement for the monthly \$75 over-the-counter (OTC) card allowance. These allowances are replenished once a month. The \$75 card monthly allowance may be used to purchase approved OTC items. Approved reimbursement for covered items will be deducted from the card balance. In the event the balance is less than the amount submitted, you will be reimbursed only up to the amount of your card balance at the time your request is received.

To submit a request for reimbursement, please follow the instructions below and complete this form and all of its pages. You must be a member of WellSense 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)

A receipt is required for purchased items, with the retailer's name and address preprinted on the receipt, with items listed and the amount paid. Please circle the items on the receipt for which you are requesting reimbursement.

Store name and location:

Description of items purchased:

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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

Date

To submit your request for determination, please send to:

WellSense Senior Care Options
Member Fulfillment
529 Main Street, Suite 500
Charlestown, MA 02129
Fax: 617-897-0884