

# Claim Form — Medical and Rx



Use this form to request reimbursement for a medical service or prescription drug that was initially paid in full and not processed through PacificSource. Reimbursements will only be made for covered services incurred by Legacy Employee Health Plan members covered under the plan at the time of service.

## Instructions

1. Copy your original, itemized receipt. Retain original for your records.
2. Submit this completed form along with the copy of your itemized receipt to PacificSource. If sufficient documentation is not received, your claim will not be processed. This form must be submitted within 12 months of the service date to be considered for reimbursement.

**Email:** [LegacyEHP@PacificSource.com](mailto:LegacyEHP@PacificSource.com)  
**Fax:** 541-225-3632

**Mail:** PacificSource Health Plans  
PO Box 7068, Springfield, OR 97475-0068

## Member information

Member name (first, last) \_\_\_\_\_

Member ID number (on your ID card) \_\_\_\_\_

Group number G0035912 \_\_\_\_\_

Patient name \_\_\_\_\_ Patient date of birth \_\_\_\_\_

## Provider or pharmacy information

Provider name \_\_\_\_\_

Provider address \_\_\_\_\_

Provider phone \_\_\_\_\_

Provider tax ID number \_\_\_\_\_ Provider NPI number \_\_\_\_\_

Date of service	Description of service (CPT & ICD10 code) or medication	Charge amount

## COVID-19 test

Test is related to:      Employment      Travel      Symptomatic or Exposure to COVID-19-positive individual

Other: \_\_\_\_\_

Request for reimbursement of at-home COVID-19 tests must be submitted to [Caremark.com](https://www.caremark.com). Sign in or register, then follow the prompts to upload a copy of your receipt. ([Instructions here.](#)) Or submit a [paper claim](#) to Caremark.

If you have any questions or concerns, call our Customer Service team at **844-520-5347**, TTY: 711 (we accept all relay calls), or email [LegacyEHP@PacificSource.com](mailto:LegacyEHP@PacificSource.com).