

Legacy Employee Health Plan

Diabetic supplies claim reimbursement request form

Administered by:



1. Copy your original, itemized provider receipt. Retain original for your records.
2. Submit this completed form along with the copy of your itemized receipt to PacificSource. Please fill in the dates and amounts for the supplies received below. If a supply is not listed, please use "other" and provide a description. This form must be submitted within 12 months of the purchase date to be considered for reimbursement.

Email: LegacyEHP@PacificSource.com

Fax: 541-225-3632

Mail: PacificSource Health Plans

PO Box 7068, Springfield, OR 97475-0068

Member name _____ Member ID no. (on your ID card) _____

Member address _____

Patient name _____ Patient date of birth _____

Provider name _____

Provider address _____

Provider phone _____ Provider tax ID no. _____

Date of purchase	Description	Code	Amount	Amount paid
	Syringes with needles, 1 cc	A4206		
	Syringes with needles, 2 cc	A4207		
	Syringes with needles, 3 cc	A4208		
	Syringes with needles, 5 cc+	A4209		
	Needles, free injection	A4210		
	Syringe, sterile, 20 cc+	A4213		
	Needles only, any size	A4215		
	Alcohol wipes, per box	A4245		
	Urine test strips	A4250		
	Blood glucose test strips	A4253		
	Lancets	A4258		
	Lancets, per box of 100	A4259		
	Dextrostick or glucose	A4772		
	Home blood glucose monitor	E0607		
	Noninvasive glucose monitor	S1030		
	Noninvasive glucose monitor with sensor	S1031		
	Insulin syringes	S8490		
	Continuous glucose monitor sensors	K0553		
	Other:	99070		

If you have any questions or concerns, call our Customer Service team at 844-520-5347, TTY 711, or email LegacyEHP@PacificSource.com.