

# Over-the-Counter (OTC) Medication Member Reimbursement Form

**Please attach a detailed receipt from the pharmacy or store, including all the following information. If this information is not on the receipt, please have the pharmacist complete and sign this form and attach proof of payment. Without the required information Senior Care Plus and Catamaran will not be able to process your claim:**

- Complete the “Member” information below. To avoid delay be sure to answer all questions.
- Enclose a copy of your receipt for the Over-the-Counter medication and “proof-of-purchase”.
- Receipts submitted must show (a) name of the member, (b) type of over-the-counter (OTC) medication Aspirin (QLL #30), Cetirizine (QLL #30), Lansoprazole (QLL #30), Loratadine (QLL #30), Vitamin D (QLL #30), (c) date of purchase, and (d) the charge for each medication.

|   |                 |                   |
|---|-----------------|-------------------|
| Member Name:                            | Member Number:  |                   |
| Member Address:                         | City / State:   | Zip:              |
| Retailer (Store) used for OTC purchase: | OTC Medication: | Amount:           |
| Member’s Signature:                     | Signature Date: | Date of Purchase: |
| *Pharmacist’s Signature:                | Signature Date: | Pharmacy Phone:   |

**\* Pharmacist signature is required when a detailed receipt is not provided.**

This form should be completed as soon as possible and returned to Senior Care Plus at the listed address or fax. All reimbursements are subject to plan terms, conditions and may be reduced from the submitted amounts based on plan cost and co-payments. If you have any questions about Senior Care Plus or your Over-the-Counter (OTC) benefit options for calendar year 2014, please call 775-982-3112 or toll-free at 888-775-7003.

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**Send this form to:** Senior Care Plus  
 OTC Medication Member Reimbursement  
 830 Harvard Way  
 Reno, NV 89502

**Or Fax to:** 1-775-982-3741

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**Notes:**

- Senior Care Plus Member Numbers are located on your membership ID cards
- Retailer or Store Name could include pharmacy, grocery store, retailer, etc.

Customer Service: 775-982-3112 or Toll Free 888-775-7003, TTY users call 711

Office Hours: Monday-Sunday, 8 a.m. to 5 p.m.

Call Center: Monday - Sunday 8 a.m. to 8 p.m. (10/15 – 2/14) / Monday - Friday 8 a.m. to 8 p.m. (2/15 – 10/14)

E-mail: [Customer\\_Service@hometownhealth.com](mailto:Customer_Service@hometownhealth.com) / Website: [www.SeniorCarePlus.com](http://www.SeniorCarePlus.com)