



Compounded Medication Reimbursement Form

Instructions:

An employee/member requesting reimbursement for compounded medication must submit this form along with the original copy of the Prescription Information Receipt (not the cash register receipt). The Prescription Information Receipt is generally the item attached to the Prescription Bag that includes the Vendor's Name, Date, Cost, and name of medication(s).

Submit to:

Keara Reaves, Pharmacy Benefit Specialist

by FAX: 941-708-5655

OR

by EMAIL: keara.reaves@mymanatee.org

Eligible:

- ▶ Not all compounded medications are covered under the health plan.
- ▶ Eligible Compounded Medications are reimbursed at a rate of 50%.
- ▶ All receipts must be submitted by March 31st of the following calendar year

MEMBER/PATIENT INFORMATION

Employee's Name: _____ Aetna ID#: W _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work or Cell Phone #: _____

Patient Name: _____ Employee Spouse Dependent

Patient Date of Birth: _____ Aetna ID#: W _____

Employee Signature: _____ Date Submitted: _____

For Internal Use Only

Amount submitted for reimbursement: \$ _____ at a rate of _____% Amount to be reimbursed: \$ _____

Approved by: _____ Date _____