

HealthStuff™ (Over-the-Counter) Items Reimbursement Form

Fax form and receipt to 1-813-849-6336.

Use this claim form for **over-the-counter items** covered by WellCare reimbursements only.

Member Name: _____ Member ID: _____

Check here if new address

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: (____) _____ E-mail Address* (optional): _____

**By providing your e-mail address, you agree to accept future WellCare correspondence by e-mail.*

Receipts must be submitted within 90 days of receipt date and are processed within 30 days of receipt by WellCare.
(Allowances do not roll over month to month.)

Date Purchased

Item(s) Purchased

Amount

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

Grand Total: \$ _____



By signing this form, I confirm that the request for reimbursement is for eligible over-the-counter items and is not covered by any other plan or program. (If you have questions regarding eligible items, please refer to your HealthStuff™ catalog.)

Member's Signature: _____

Date: _____

healthstuff™

WellCare®

Remember:

Complete the claim form (page 1).

Also include receipt for item(s) purchased.

Your receipt must include the date of purchase and item(s) purchased.

You may fax or mail your claim form and receipt, **but faxing provides faster customer service.**

Fax your form and receipt to: Acclaris Reimbursement Center at 1-813-849-6336

OR

Mail your form and receipt to: Acclaris Reimbursement Center • P.O. Box 25117 • Lehigh Valley, PA 18002

To get more information or to request additional claim forms, please contact Customer Service at 1-866-238-9898, seven days a week, 8am–2am Eastern. TTY/TDD users can call 1-866-239-6265 or visit www.wellcarepffs.com/member/default.

SAMPLE RECEIPT

#09396

08/13/08

Tylenol	\$10.00
Cough Syrup	\$10.00
Candy	\$6.00
SUBTOTAL	\$26.00
TAX	\$0.42
TOTAL	\$26.42

SAMPLE REIMBURSEMENT INVOICE

Date Purchased	Items(s) Purchased	Total
August 13, 2008	Tylenol	\$10.00
August 13, 2008	Cough Syrup	\$10.00
Grand Total		\$20.00
Member Reimbursement Amount		\$20.00