arkansas total care

envolve Pharmacy Solutions

PRESCRIPTION CLAIM REIMBURSEMENT FORM

This is a reimbursement form. Complete and mail claim reimbursement form to:
Envolve Pharmacy Solutions | 5 River Park Place East, Suite 210 | Fresno, CA 93720
Fax forms to (844) 678-5767. **Incomplete forms will cause delays.**
Envolve Pharmacy Solutions customer service desk (800) 413-7721.

To be completed by insured.

I. Member Information (Please PRINT)		II. Prescription Plan (Please PRINT)
Member Name:		Insured's Member ID
Address:		Group Number:
Birth Date:	Phone:	Employer:

III. Patient Information (Please PRINT)

What is your relationship to insured?
☐ Self ☐ Spouse ☐ Dependent ☐ Other

Is the patient covered by other medical benefit plan? ☐ Yes ☐ No
Is the patient covered by a group policy plan? ☐ Yes ☐ No
Is the patient covered by Medicare? ☐ Yes ☐ No
Is the patient covered by another government plan? ☐ Yes ☐ No
If yes, name of the person carrying coverage:
If yes, name of the other coverage (group name, employer, association, etc.):

Patient illness or injury. (If injury include a description of the accident. Also, include date and place).

Did condition result from employment? ☐ Yes ☐ No
If yes, when is the last workday before the treatment?

IV. Prescription (RX) Information (Please PRINT)

You or your pharmacist must complete this section. Attach one RX label per RX. Include a copy of your receipt with this form.

Pharmacy Name:		Pharmacy Address:	
RX Number:		Date Filled:	Quantity:
RX Name & Strength:		Days' Supply (30, 60, 90):	
NDC #:	DAW:	Price:	Comments:
Pharmacy Name:		Pharmacy Address:	
RX Number:		Date Filled:	Quantity:
RX Name & Strength:		Days' Supply (30, 60, 90):	
NDC #:	DAW:	Price:	Comments:

I certify that the above information is correct. The prescriptions listed above are for me or members of my family who are eligible. I agree to release of all information on this claim form to Envolve and my plan sponsor. Please sign below:

Signature: _____ Date: _____

Statement of Non-Discrimination

Arkansas Total Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Arkansas Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex

Arkansas Total Care:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Arkansas Total Care at 1-866-282-6280 or TDD/TTY: 711. If you believe that Arkansas Total Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Arkansas Total Care Quality Department, Arkansas Total Care, P.O. Box 25010, Little Rock, Arkansas 72221, 1-866-282-6280 or TDD/TTY: 711. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance Arkansas Total Care is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

All materials are available for written or oral translation, in your language or alternative formats at no cost by calling 1-866-282-6280 or TDD/TTY: 711.

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Language Assistance:

Spanish:
Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Arkansas Total Care tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-866-282-6280 or TDD/TTY: 711.

Vietnamese:
Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Arkansas Total Care, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-282-6280 or TDD/TTY: 711.

Marshallese:
Ñe kwe, ak bar juon eo kwōj jipañe, ewōr an kajjitōk kōn Arkansas Total Care, ewōr aṃ jimwe in bōk jipañ im melele ko ilo kajin eo aṃ ejjeḷọk wōṇāān. Ñan kōnono ippān juon ri-ukōk, kirḷọk 1-866-282-6280 TDD/TTY: 711.

Chinese:
如果您，或是您正在協助的對象，有關於 Arkansas Total Care 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-866-282-6280 or TDD/TTY: 711.

Laotian:
ຖ້າທ່ານ ຫ ູ ືຄົນທ ່ທ່ານກໍາລັງຊ່ວຍເຫ ູ ືອ ມ ຄໍາຖາມກ່ຽວກັບ Arkansas Total Care, ທ່ານມ ສິດທ ່ຈະໄດ້ຮັບການຊ່ວຍເຫ ູ ືອແລະຂໍ້ມູນຂ່າວສານທ ່ເປັນພາສາຂອງທ່ານ ໂດຍບ່ມ ຄ່າໃຊ້ຈ່າຍ. ເຜ ື່ອຈະເວ ົ້າກັບນາຍພາສາ ໃຫ ້ໂທຫາ 1-866-282-6280 or TDD/TTY: 711.

Tagalog:
Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Arkansas Total Care, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-866-282-6280 or TDD/TTY: 711.

Arabic:
إذا كان لديك أو لدى شخص تساعده أسئلة حول Arkansas Total Care ، المساعدة على الحصول في الحق لديك تكلفة أية دون من بلغتك الضرورية والمعلومات. ب اتصل مترجم مع للتحدث 1-866-282-6280 or TDD/TTY: 711.

German:
Falls Sie oder jemand, dem Sie helfen, Fragen zu Arkansas Total Care hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-866-282-6280 or TDD/TTY: 711.

French:
Si vous-même ou une personne que vous aidez avez des questions à propos Arkansas Total Care, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-866-282-6280 or TDD/TTY: 711.

Hmong:
Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Arkansas Total Care, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-866-282-6280 or TDD/TTY: 711.

Korean:
만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Arkansas Total Care 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-866-282-6280 or TDD/TTY: 711 로 전화하십시오.

Portuguese:
Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Arkansas Total Care, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-866-282-6280 or TDD/TTY: 711.

Japanese:
Arkansas Total Care について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-866-282-6280 or TDD/TTY: 711 までお電話ください。

Hindi:
आप या जिसकी आप मदद कर रहे हैं उनके, Arkansas Total Care के बारे में कोई सवाल हों, तो आपको बबना ककसी खर्च के अपनी भाषा में मदद और ि◌ानकारी प्राप्त करने का अधिकार है। ककसी दुभाषषये से बात करने के ललए 1-866-282-6280 or TDD/TTY: 711 पर कॉल करें।

Gujarati:
જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને Arkansas Total Care વવશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વવના તમારી ભાષામાાં મદદ અને માહહતી પ્રાપ્ત કરવાનો અવિકાર છે. દુભાવષયા સાથે વાત કરવા માટે 1-866-282-6280 or TDD/TTY: 711