Prescription Reimbursement Form

Please fill out all Sections and attach the actual pharmacy receipt. Receipts should include prescription name, Doctor's Name, and cost of drug. This information must be submitted to the address below within 90 days to remain eligible for reimbursement.

Section I: Member/Patient Information			
Member ID Number:	Member Name:		Date of Birth:
Claimant's ID Number:	Claimant's Name:		Relationship to Subscriber: Self: ☐ Spouse: ☐
	Claimants Date of Birth:		Dependent: ☐
Section II: Mailing Information		**☐ Please check here if address has changed**	
Street Address:	City:	State:	Zip:
Telephone Number:	Alternate Number:	E-Mail Address:	
Section III: Other Insurance Information			
Does the patient have other Insurance: Yes ☐ No ☐	Other Insurance Company's Name:		
	Policy Holders Name for other coverage:		
	Other Insurance carrier's Policy Number:		
Please complete the information below if the patient is covered by Medicare			
Medicare ID Number:	Is the patient eligible for: Part A ☐ Part B ☐ Part A & B ☐ or Part D☐		
Section IV: Description of Illness or Injury			
Date Illness/Injury Started:	Diagnosis for the Illness/Injury that this prescription is related to:		
	Physicians Name and address treating you for this condition:		
Section V: Authorization and Signature Required			
I authorize any health care provider, medically related facility, health care plan, insurance company, and the Medical Information Bureau and their representatives to give GBG Claims/Trawick Insurance Company or their agents any and all information, including complete medical history records and mental health and substance abuse records, for consideration of this claim and all future claims. I certify that the above statements are complete and correct to the best of my knowledge and that I am claiming benefits only for the charges incurred by the above named member.			
Member Signature:	Date:		
Member/Guardian's Signature if patient is a Minor:	Date:		

FRAUD WARNING: Any person, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, who submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.