

SUPPORTING DOCUMENTATION MUST ACCOMPANY ALL CLAIM FORMS

► For **prescription drugs, attach a legible receipt from the service provider, which includes the:** 1) Date prescription was purchased; 2) Drug name and prescription number, or the Rx label; 3) Amount of purchase; 4) Name of the pharmacy; and 5) Patient name. The Rx ticket typically contains all required information.

► For **medical, dental, vision and other health care expenses,** documentation must include a legible copy of the provider's itemized statement of the charges including: 1) Provider's name and address; 2) Date of service or purchase; 3) Description of service or product; 4) Amount charged for service or product; and 5) Patient name. A copy of the Explanation of Benefits (EOB) is acceptable and preferred. (Both primary and secondary EOB's if applicable.)

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► For eligible **over-the-counter (OTC) expenses, the item must be clearly defined on the receipt indicating:** 1) Date of purchase; 2) Amount of purchase; 3) Name of the product; and 4) Merchant name and address. If the item is abbreviated on your receipt, you must attach a photocopy of the package label showing the full product description. OTC drugs and medicines must be prescribed.

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