



Prescription Drug Claim Form for Staff and Faculty YHP Members

Instructions

Use this claim form to request reimbursement for prescription drugs purchased:

- After July 1, 2009
- When prescription drugs are purchased at an out-of-network (non-YUHS) pharmacy

When filling out the claim form:

- Complete a separate form for each family member for whom prescription drugs were purchased.
- Complete the top portion of the form in full. Incomplete forms will be returned to you.
- Attach a copy of your prescription receipt to the claim form.
- Be sure to include your Member ID Number.

When the form is complete mail it along with the prescription receipt to:

RESTAT
YHP PATIENT REIMBURSEMENT
P.O. BOX 758
WEST BEND, WI 53095-0758

If you have any questions please call the YHP Claims Department at 203-432-0250.