



224 North Park Ave. Fremont, NE 68025

Phone: 800-228-3108 Fax: 888-810-1394

REIMBURSEMENT REQUEST

PATIENT INFORMATION

Cardholder Name _____ Telephone (____) _____

Cardholder ID # _____ Group # _____

Address _____

City _____ State _____ Zip _____

Patient Name _____ DOB _____

Date(s) prescription filled _____

of Prescriptions Submitted for Reimbursement _____

Reason for not using the Sav-Rx card _____

Cardholder Signature

Attach receipt(s) below.
