REIMBURSEMENT FORM FOR OVER-THE-COUNTER ITEMS (OTC)

Please attach a detailed receipt from the pharmacy that include the information requested on this form. **All reimbursements are subject to plan terms and conditions and may be reduced from the submitted amounts based on plan cost and copayments.**

Patient Information	
Member First Name:	Member Last Name:
Member ID#:	Date of Birth:
Member Address:	
City:	State:
Phone Number:	Zip Code:
Reason for Request	
_____ Have not received an OTC Benefit Card	_____System Out-Of-Service. Pharmacy could NOT process the transaction in the corresponding terminal
_____Used a non-participating pharmacy for OTC Benefit services.	_____Other. Please explain:

Please attach itemized receipt for the items or you may ask your pharmacist to complete the remaining information. **See page 2 of this form for more space. We must have this information to process your claim.**

Prescription Information			
Item # 1:			
Item Name	Date of the purchase	Pharmacy Name	Amount Paid
Item # 2:			
Item Name	Date of the purchase	Pharmacy Name	Amount Paid

Prescription Information			
Item # 3:			
Item Name	Date of the purchase	Pharmacy Name	Amount Paid
Item # 4:			
Item Name	Date of the purchase	Pharmacy Name	Amount Paid

Special Instructions:

We must be able to clearly read the information on the prescription label receipt You can send the prescription label receipt(s), cash register receipts, and this completed form at any of our MCS Service Center and/or send via mail or fax to:

Mail to: MCS Advantage, Inc.
Pharmacy Department
P.O. Box 191720
San Juan, PR 00919-1720

Fax to: 1-787-620-1340

If you need help completing this form, please call our Customer Service Call Center number on your card.

Fraud Prevention Regulation: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

_____ _____

Signature of Plan Member **Date**

Release of Information: I certify that I have received the medicine described herein and that the plan participant named is eligible for prescription benefits. I also certify that the medicine received is not for treatment of an on-the-job injury. I have indicated in the Coordination of Benefits area above if there is primary prescription drug coverage under another medical plan. I authorize release of all information pertaining to this claim to MCS Classicare; the prescription benefit manager; insurance underwriter; sponsor; policyholder; and/or employer. I certify that all the information entered on this form is correct.

_____ _____

Signature of Plan Member **Date**

MCS Classicare is an HMO plan subscribed by MCS Advantage, Inc.

Notice of availability of language assistance services

and auxiliary aids and services

English: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-627-8183 (TTY 1-866-627-8182).

Español: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-866-627-8183 (TTY 1-866-627-8182).

Chinese: 如果您會說中文，我們可以為您提供免費語言幫助服務。也免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打 1-866-627-8183 (TTY 1-866-627-8182) 。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Ang naaangkop na mga pantulong na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-627-8183 (TTY 1-866-627-8182).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-627-8183 (TTY 1-866-627-8182).

Vietnamese: Nếu bạn nói tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Gọi 1-866-627-8183 (TTY 1-866-627-8182).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Auch entsprechende Hilfsmittel und Services zur Bereitstellung von Informationen in barrierefreien Formaten stehen kostenlos zur Verfügung. Rufen Sie 1-866-627-8183 (TTY 1-866-627-8182) an.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 적절한 보조 지원 및 서비스도 무료로 제공됩니다. 1-866-627-8183 (TTY 1-866-627-8182) 로 전화하세요.

Russian: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по номеру 1-866-627-8183 (TTY 1-866-627-8182).

Arabic: إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك. المساعدات والخدمات المساعدات تتوفر بالرقم اتصل .مجانًا إليها الوصول يمكن بتنسيقات المعلومات لتوفير المناسبة 1-866-627-8183 (TTY 1-866-627-8182).

Italian: Se parli italiano, sono a tua disposizione servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-866-627-8183 (TTY 1-866-627-8182).

Portuguese: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-866-627-8183 (TTY 1-866-627-8182)**.**

French Creole: Si w pale kreyòl franse, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib tou gratis. Rele 1-866-627-8183 (TTY 1-866-627-8182).

Polish: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Odpowiednie pomoce pomocnicze i usługi umożliwiające dostarczanie informacji w przystępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-627-8183 (TTY 1-866-627-8182).

Hindi: दि आप हिंदी बोलते हैं, तो मु भाषा सहायता सेवाएं आपके लिए उपल हैं। सुलभ पर्रूपों में जानकारी पर्दान करने के लिए उपयु सहायक एड्स और सेवाएं भी नि: शु उपल हैं। क 1-866-627-8183 (TTY 1-866-627-8182).

Japanese: 日本語を話せる場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助援助やサービスも無料で利用できます。 1-866-627-8183 (TTY 1-866-627-8182) に電話します。