



Mailing ~ PO Box 10, Pendleton, IN 46064

800-291-5837 ~ www.UnifiedGrp.com

"We take care of the Customer ... and then some!"

PRESCRIPTION DEDUCTIBLE/OUT-OF-POCKET FORM

PLEASE MAIL COMPLETED FORM & PRESCRIPTION RECEIPT OR TAG TO UNIFIED GROUP SERVICES. COPIES OF THE FORM & RECEIPT OR TAG MAY ALSO BE FAXED TO 765-608-6689.

GENERAL INFORMATION

EMPLOYEE NAME: _____

PATIENT NAME: _____

GROUP NUMBER: _____

12 DIGIT MEMBER ID ON CARD: _____

PRESCRIPTION INFORMATION

PRESCRIPTION NAME: _____

DATE FILLED: _____

PATIENT PAID AMOUNT: _____

PLEASE NOTE: PRESCRIPTION RECEIPT OR TAG MUST BE SUBMITTED ALONG WITH THIS COMPLETED FORM FOR THE DEDUCTIBLE/OUT-OF-POCKET CREDIT AS SHOWN ON THIS EXPLANATION OF BENEFITS (EOB) TO BE APPLIED.

EMPLOYEE CERTIFICATION & AUTHORIZATION TO RELEASE INFORMATION

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED HEREUNDER IS TRUE & CORRECT AND THAT THE EXPENSES WERE INCURRED BY THE ABOVE NAMED PATIENT. ADDITIONALLY, I AUTHORIZE ANY INSURANCE COMPANY, ORGANIZATION, EMPLOYER OR PROVIDER OF SERVICE TO RELEASE TO UNIFIED GROUP SERVICES, INC. (PRIOR TO OR AFTER PAYMENT) ANY AND ALL INFORMATION RELATED TO THIS CLAIM.

EMPLOYEE SIGNATURE

DATE

PATIENT SIGNATURE (IF SPOUSE)

DATE