

Helpful Hints to Speed Up Your Pharmacy Claims Reimbursement

Please read carefully and complete the entire form.

- Please complete this form to the best of your ability.
- **Print your name and member ID.** Is the mailing address printed below correct?
- Member reimbursements may take up to 30 calendar days from receipt by the plan.
- If you have your prescription receipt(s), please attach them to this form.
- It is helpful if you have the detailed information requested on the back page. However, it is not required for the reimbursement for your claim.
- If you have questions, call Customer Service at 1-888-858-8551, 24 hours a day, seven days a week. TTY users should call 711.
- The form should be faxed to 615-782-7869 or mailed to:
WindsorSterling
Attn. Pharmacy Department
7100 Commerce Way, Suite 285
Brentwood, TN 37027

Reason for Submitting Pharmacy Claims Reimbursement Request

- Missing Proof of Insurance Out of Network Pharmacy Other

If "Out of Network Pharmacy" or "Other," please explain: _____

Member Information ◆ Please Print

Member Name	Member ID #	Phone	Date of Birth
Street Address			Apt
City		State	Zip Code

I hereby certify that the accompanying statements are to the best of my knowledge true, correct and complete. I hereby authorize any physician or service provider to furnish and disclose all known facts concerning this claim, upon request from the claim administrator. I will reimburse the fund for any overpayments made to me or on my behalf due to error on this form.

Member Signature

Date

