

# MEDICARE

## Over-The-Counter (OTC) Reimbursement Request Form



AlohaCare

For a healthy Hawaii.

### Section A

Member Name: \_\_\_\_\_

Member ID: \_\_\_\_\_ OTC Card Number: \_\_\_\_\_

Member Address: \_\_\_\_\_

Member Date of Birth: \_\_\_\_\_ Member Phone Number: \_\_\_\_\_

### Section B

This claim form MUST be completed in full. We will return any requests with incomplete information. Please complete all fields so that we can process your claim. **Make sure to include store receipts for all expenses (see next page for more details).**

Purchase Date (mm/dd/yyyy)	Location of Purchase	Item Purchased	Expense Amount

I understand that I can only be reimbursed for eligible health-related items. I understand that items purchased are for my use only. I understand that items cannot be purchased for friends or family members. If I am seeking reimbursement for a dual-purpose item, I attest that prior to purchasing the item(s), I talked with my doctor, who verbally recommended the item(s).

**Grand Total** \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_



**OTC items may be purchased for your use only, not for family members or friends. The AlohaCare OTC card is not a debit or credit card. The card cannot be converted to cash. The card cannot be used to purchase Part B- or Part D-covered prescription drugs. The reimbursement from this claim will be deducted from your OTC card balance. If your balance is less than the amount submitted, you will be reimbursed only up to the amount of your card balance on the date your purchase was made.**

**Instructions:**

1. Please complete all boxes in Section A (member information).
2. List items purchased in Section B. If you need more room to write in your expenses, you can use an additional claim form.
3. Sign and date the claim form.
4. Attach a copy of the itemized receipt(s) and/or bill(s) from your pharmacy/store for the item(s) you are claiming. Do not send cancelled checks, credit card receipts, or blank statements.
5. Send your completed claim form and supporting documentation to:

**AlohaCare**  
**ATTN: OTC Reimbursement**  
1357 Kapiolani Blvd., Ste. 1250  
Honolulu, HI 96814

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**If you have questions call Member Services at 973-6395 or toll-free at 1-877-973-6395.  
TTY users call 1-877-447-5990. Call 8 a.m. to 8 p.m., 7 days a week.**

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AlohaCare Advantage Plus (HMO SNP) is an HMO with a Medicare contract and a contract with the Hawaii Medicaid program. Enrollment in AlohaCare Advantage Plus (HMO SNP) depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits may change on January 1 of each year.

