

In order to process your request as timely as possible.

- The pharmacy's original invoice/receipt is required.
- We suggest that you include a copy of the prescription to speed up the process and complete the prescription Reimbursement Form.
- If necessary, you may complete more than one claim reimbursement form.
- We recommend that Section 2 & 3 must be completed by pharmacies, given that certain information may not appear on the pharmacy invoice.

## Prescription Drug Reimbursement Form

You must mail this form to the Triple-S Advantage to the following address:

**Abarca Health**  
**Coverage Determination Department**  
**1606 Ave. Ponce de León**  
**San Juan, PR 00909-4830**  
**Fax: 1-855-710-6727**

*Your request will be processed within 14 calendar days.*

### Section 1 – Member Information

|  |                                |   |                              |
|--|--------------------------------|---|------------------------------|
| Name:  |                                | Plan Member ID Number:  |                              |
| Date of Birth:   | ____/____/____<br>(mm/dd/yyyy) | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female   | Phone:                       |
| Address: _____   |                                | City: _____   | State: _____ Zip Code: _____ |
| Are you enrolled in another health plan that may cover the prescription drug? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                | If you answered "yes," please indicate whether the other health plan coverage is: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary |                              |
| Name of your other health plan: _____  |                                | Other Plan Member ID Number: _____  |                              |

### Section 2 – Pharmacy Information

|                             |              |  |
|-----------------------------|--------------|--|
| Name:                       | Phone: _____ | NPI# : _____                             |
| Address: _____              |              | City: _____ State: _____ Zip Code: _____ |
| Pharmacist Signature: _____ |              |  |

### Section 3 – Drug Information (pharmacy should fill out this information)

| Drug #1  | Drug #2  |
|--|--|
| <input type="checkbox"/> New Prescription <input type="checkbox"/> Refill # ____ of ____ | <input type="checkbox"/> New Prescription <input type="checkbox"/> Refill # ____ of ____ |
| Service Date: ____ / ____ / ____   | Service Date: ____ / ____ / ____   |
| Prescription Date: ____ / ____ / ____  | Prescription Date: ____ / ____ / ____  |
| Prescription Number:   | Prescription Number:   |
| Quantity Dispensed:  | Quantity Dispensed:  |
| Days' Supply:  | Days' Supply:  |
| Drug Name:   | Drug Name:   |
| Drug NDC #   | Drug NDC #   |
| Prescribing Physician NPI or DEA #   | Prescribing Physician NPI or DEA #   |
| <b>Amount paid by you:</b>   | <b>Amount paid by you:</b>   |
| <b>Amount paid by another plan:</b>  | <b>Amount paid by another plan:</b>  |

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Triple-S Advantage, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-620-1919 (TTY/TDD 1-866-620-2520). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-620-1919 (TTY/TDD 1-866-620-2520). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-620-1919 (TTY/TDD 1-866-620-2520)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-620-1919 (TTY/TDD 1-866-620-2520)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-888-620-1919 (TTY/TDD 1-866-620-2520). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-620-1919 (TTY/TDD 1-866-620-2520). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-620-1919 (TTY/TDD 1-866-620-2520) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-620-1919 (TTY/TDD 1-866-620-2520). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-620-1919 (TTY/TDD 1-866-620-2520) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону (1-888-620-1919 (TTY/TDD 1-866-620-2520)). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (1-888-620-1919 (TTY/TDD 1-866-620-2520)). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें (1-888-620-1919 (TTY/TDD 1-866-620-2520)) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-620-1919 (TTY/TDD 1-866-620-2520). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-620-1919 (TTY/TDD 1-866-620-2520). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan (1-888-620-1919 (TTY/TDD 1-866-620-2520)). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-620-1919 (TTY/TDD 1-866-620-2520) Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-620-1919 (TTY/TDD 1-866-620-2520)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。