



Health Net

Health Net Health Plan of Oregon, Inc.
13221 SW 68th Parkway
Tigard, Oregon 97223
Phone 888.802.7001

www.healthnet.com

Pharmacy Reimbursement Form

Whenever possible, Health Net recommends you fill prescriptions at participating pharmacies. However, members are eligible for reimbursement (minus the copayment) on covered prescriptions filled by a pharmacy other than a participating pharmacy for emergency medical care rendered outside the service area or if they are not active in the Health Net system at the time that the prescription is filled.

Mail a copy of your pharmacy receipts (not cash register receipts) to our office with the member's name, Health Net ID number and daytime phone number. Claims must be submitted within one year of the date of service. Please allow two to three weeks for reimbursement.

Member Name: _____

Health Net Identification Number: _____

Daytime Phone Number: _____

Coordination of Benefits Information

If Health Net is not your primary health plan or you are covered by more than one group health plan, you may be eligible for secondary reimbursement from Health Net on your prescription drugs. Please include the following information, along with an Explanation of Benefits (EOB) from your primary carrier if possible.

Primary Insurance Carrier Name: _____

Member's ID Number with Primary Carrier: _____

Primary Insurance Carrier Phone Number: _____

Please mail to:

Health Net Health Plan of Oregon, Inc.
Attn: Pharmacy Claims
13221 SW 68th Parkway, Suite 200
Tigard, OR 97223

If you have further questions, please call Health Net's Pharmacy Services department at 1-888-802-7001 on Monday through Friday, 9 a.m. to noon, and 1 p.m. to 5 p.m. Pacific Time.