



Direct Member Refund Form

You must fill out this entire form for us to process your claim(s).

1. Attach all prescription (Rx) receipt(s) to the back of this form.
2. The receipt(s) must have the following:
 - Rx number
 - Date filled
 - Store name
 - Doctor name
 - Rx name
 - Strength
 - Amount you paid

Store cash receipt(s) will not be accepted.

3. Sign form and mail receipt(s) to: Molina Dual Options Cal MediConnect Plan
Medicare-Medicaid Plan
Attention: Pharmacy Department
7050 Union Park Center Suite 200
Midvale, UT 84047

4. If you have any questions please call Member Services at (855) 665-4627, TTY users should call 711, Monday – Friday, 8a.m. to 8p.m., local time.

Member details:

Member Name: _____ Date of Birth: _____

Member ID Number: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Rx Information:

Rx Number	Date Rx Filled	Drugstore Name & NPI Number	Drug Name	Strength	Number & Day Supply	Amount You Paid

Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

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