SAV-RX

800-228-3108 Phone
402-753-2880 Fax
224 North Park Avenue Fremont, Nebraska 68025

Reimbursement Request

PATIENT INFORMATION

Cardholder Name________________________ Telephone (___) __________

Card Holder ID#________________________ Group # __________________

Address ____

City____________________ State______________ Zip __________

Patient Name____________________________ DOB ______________

Date(s) prescription(s) filled ______________________________

Reason for not using the Sav-Rx Card ________________________

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Cardholder Signature

Approved By:

______________________	______________________
Client Representative	**Sav-Rx Representative**

Attach Receipt(s) Below

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Check Issued
Date________________
Amount______________
Office Use Only

0303EH9S0714