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

- -

Check Issued
Date__________________
Amount________________
Office Use Only

0303EH990714