

Health Net Health Plan of Oregon, Inc. 13221 SW 68th Parkway, Suite 315 Tigard, Oregon 97223 Phone 888.802.7001

www.healthnetoregon.com

Pharmacy Reimbursement Form

Whenever possible, Health Net Health Plan of Oregon, Inc. (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 ID 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 form Health Net on your prescription drugs. Please include the following information, along with an EOB (Explanation of Benefits) 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:

8103HNORCOMM (5/19/2022)

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If you have further questions, please call Health Net Customer Contact Center at (888) 802-7001 Monday - Friday, 8:00 a.m. - 5:00 p.m. For the hearing impaired, please call our TTY (telephone for the hearing impaired) line at (888) 802-7122, Monday - Friday, 8:00 a.m. - 5:00 p.m. for assistance.

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