



Prescription Drug Reimbursement Form
for prescriptions obtained outside of Tang Center

Directions:

1. Complete all of the items in the box below. If you do not have your Anthem Blue Cross ID card, please provide your Social Security Number (SSN).
2. Drop off your prescription receipts **with this form** in the Student Health Insurance Office (3rd floor Tang Center), or in the drop box located in the first floor lobby of the Tang Center. You can also fax them to 510-642-9119 or mail them to:

UHS Student Health Insurance Office
3200 Tang Center
2222 Bancroft Way
Berkeley CA 94720-4320

3. SHIO will forward your receipts directly to Anthem Blue Cross (make sure you keep a copy!). It can take six to eight weeks to receive reimbursement.
4. Reimbursement for prescriptions obtained outside of Tang is **70% of actual cost.**

Note: the Plan letter codes below are:

- L** = graduate students
- M** = undergraduate students
- P** = Mills students
- Q** = Filing Fee/Withdrawal/Concurrent Enrollment students

Cut here

Name: _____

Student ID #: _____

Blue Cross Member ID # XDP: _____

or SSN: _____

Group: 42862

Plan: L M P Q (circle one)

Date of Birth (mmddyyyy): _____

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