## Rx DirectPay Program $\longrightarrow$ Credit to Deductible

Use this form to notify PEHP you received your medication as part of the Rx DirectPay Program. PEHP will credit your deductible for what you paid. A check for your next refill will be mailed to you once PEHP processes this form.



Complete this form and return it to PEHP with a receipt that shows:

- » Date
- » Medication
- » Quantity and day supply
- » Pharmacy name
- » Amount paid
- Submission Options:
- » Login to your <u>PEHP account</u> at www.pehp.org and send completed form with receipt via the secure Message Center to "Customer Service" or "PEHP Member Services."

OR

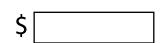
>>

» Mail completed form and receipt to the address on the top right.



560 East 200 South, Salt Lake City, UT 84102 801-366-7555 / 800-765-7347 Fax: 801-366-7771

## » Amount Amount



## >> Policy Holder Information See your PEHP Member ID card.

Member ID				
Member Name _				
Street Address				
			Zip	
Patient Information				
Patient Name				
Patient Date of Birth (Month/Day/Year)				
Sex	Relationship to Plan Member			
☐ Female ☐ Male	☐ 1 Self ☐ 2 Spouse ☐ 3 Eligible Child ☐ 4 Dependent Student	☐ 5 Disabled Depen ☐ 6 Dependent Pare ☐ 7 Non-spouse Par ☐ 8 Other	ent	