

## Rx DirectPay Program → 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.



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

### » Instructions

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 [PEHP account](http://www.pehp.org) at [www.pehp.org](http://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.

### » Amount Amount

\$

### » Policy Holder Information *See your PEHP Member ID card.*

Member ID \_\_\_\_\_

Member Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### » Patient Information

Patient Name \_\_\_\_\_

Patient Date of Birth (Month/Day/Year) \_\_\_\_\_

Sex

Relationship to Plan Member

Female

1 Self

5 Disabled Dependent

Male

2 Spouse

6 Dependent Parent

3 Eligible Child

7 Non-spouse Partner

4 Dependent Student

8 Other