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 _____

_____

_____

_____

Cardholder Signature

Approved By:

_____ _____

Client Representative **Sav-Rx Representative**

Attach Receipt(s) Below

Check Issued
Date_____
Amount_____
Office Use Only

0303EH990714