

The OTC Plus Reimbursement Claim Form is supplied to request reimbursement for **eligible** OTC healthy foods, home internet service, exercise equipment, activity trackers (such as Apple Watches[®]), and hearing aid copays that you purchased out of pocket. OTC Plus items may be purchased for your individual use only, not for use by family members or friends. The Healthfirst OTC Plus card is not a debit or credit card and cannot be converted to cash, nor can it be used to purchase Part B or Part D prescription drugs. Cash reimbursement will be deducted from your OTC Plus card balance. In the event the balance is less than the amount submitted, you will be reimbursed only up to the amount of your card balance at the time your request is received. **This form cannot be used to reimburse for items purchased at non-participating retailers, non-eligible OTC items, foods, prescription drugs, or any medical services you received. See bottom of page for more information on eligible items.**

Below are the instructions for completing each section. Please read carefully before completing this form.

Section 1 | Member's Information

- Write your name (First Name, Last Name) as shown on your Healthfirst ID card.
- Write your member ID number found on your Healthfirst ID card.
- Write your OTC Plus card number found on your OTC Plus card.
- Write your complete mailing address.
- Write your telephone number in case we need to reach you to verify any information you provided

Section 2 | OTC Plus Expenses, Member's Signature, and Mailing Information

- Using your receipts, fill in the date of purchase (mm/dd/yyyy), location of purchase, item(s) purchased, and the amount paid for each item. *If you need more space to list your purchases, be sure to fill out and attach an additional form.*
- Write the grand total for all the item(s) being claimed.
- Attach the original itemized receipts from your internet provider and the participating pharmacy/store where the eligible items were purchased. **Do not send canceled checks, credit card, or bank statements.**
- Review, sign, and date the completed OTC Plus Reimbursement Claim Form and mail to:

**Healthfirst Product Management
P.O. Box 5175
New York, NY 10274-5175**

You can find a list of OTC Plus eligible items in your member welcome kit packet, or you can obtain a copy from healthfirst.org/otc.

If you have any questions or need assistance with completing this form, please call Member Services at 1-888-260-1010, 7 days a week, 8am–8pm (October through March), and Monday to Friday, 8am–8pm (April through September).

If you require in-person assistance with filling out this form, you may visit one of the nearest Healthfirst Community Offices.

Section 1 | Member's Information

Member's Name	Member's Address
Member's ID Number	Member's DOB
OTC Plus Card Number	Member's Phone Number

Section 2 | OTC Plus Expenses

This section MUST be completed in full. Requests submitted with incomplete information cannot be processed and will be returned. Please complete all of the fields listed below to ensure that your claim is processed timely. Supporting documentation is required for all expenses.

Purchase Date (mm/dd/yyyy)	Location of Purchase	Item Purchased	Expense Amount
			\$
			\$
			\$
			\$
			\$
			\$
Grand Total \$			_____

I understand that I can be reimbursed only for CMS-approved, eligible OTC and health-related items as well as select healthy foods. I understand that items purchased are for my use only and cannot be purchased for friends or family members. If I am seeking reimbursement for a dual-purpose item, I attest that prior to purchasing the dual-purpose item(s) included here, I had a discussion with my provider, who verbally recommended the item(s).*

 Member's Signature _____
 Date

Was this form easy to fill out? Yes No

If No, please explain why _____

*Dual-purpose items may include vitamins, minerals, supplements, hormone replacements, weight loss items, and diagnostic tools like blood pressure monitors.

OTC items are subject to the plan's list of eligible items and the plan's participating network of retail and online providers.

Coverage is provided by Healthfirst Health Plan, Inc. Plans contain exclusions and limitations.

Healthfirst Health Plan, Inc. offers HMO plans that contract with the Federal Government and has a contract with New York State Medicaid for its Dual-Eligible Special Needs Plans. Enrollment in Healthfirst Medicare Plan depends on contract renewal.

Healthfirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-305-0408 (TTY 1-888-867-4132).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-305-0408 (TTY 1-888-542-3821)。