



SAV-RX

800-228-3108 Phone

402-753-2880 Fax

221 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