SAV-RX
A Division of A&A Services, LLC
224 North Park Ave. Fremont, NE 68025
800-228-3108 • Fax: 888-810-1394

REIMBURSEMENT REQUEST

Please submit the following form and original copies of your receipts via mail or fax.

Original receipts must include the following:

Member Name
Date of Service
Drug Name
Quantity Dispensed
Amount Patient Paid
Drug NDC
Prescription Number

PATIENT INFORMATION

Cardholder Name: _____

Cardholder ID: _____

Patient Name: _____

Patient DOB: _____

Telephone: **(___)** _____

Address: _____

City, State Zip: _____

Number of Prescriptions Submitted: _____

Reason for not utilizing the Sav-Rx card:

_____

_____

_____

Cardholder Signature: _____