

# NaviCare<sup>®</sup> SCO and HMO SNP Save Now card reimbursement form

**Did you forget to use your Save Now card  
when paying for your eligible items?**

## **What does my Save Now card cover?**

Each calendar quarter you get **\$275** to spend on items **to help keep you healthy**, such as cold/allergy medicine, pain relievers, vitamins, and more. Plus, you may qualify to use \$100 per quarter of your funds to purchase healthy food.\* That's **\$1,100 per year** to buy items you need.

Make your purchases at stores like CVS Pharmacy, Dollar General, and Walmart. You can also order items by phone or online with free home delivery.

## **When do I use this form?**

If you have paid for any item(s) covered by your Save Now card, but did not use your Save Now card to pay for eligible item(s).

## **How do I get my reimbursement?**

- Complete the form on the back of the flyer and return it to us.
- Submit dated original receipts and copies of bank/credit card statements showing the charge for your items.

We accept multiple receipts and requests on one form, so you can be reimbursed all at once! Reimbursement is subject to approval by Fallon Health. Please allow 4-6 weeks from the date we get the completed form for payment.

## **Need more copies of this form?**

Visit [fallonhealth.org/navicare](http://fallonhealth.org/navicare) and click on "Plan documents and forms" under "Member resources."



**1-877-700-6996 (TRS 711)**

8 a.m.–8 p.m., Monday–Friday, 7 days a week, Oct. 1–March 31

**[fallonhealth.org/navicare](http://fallonhealth.org/navicare)**

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\* The \$100 (per calendar quarter) food benefit is part of a special supplemental program for the chronically ill. To qualify, enrollees must have chronic-condition diagnoses documented with Fallon Health, such as cardiovascular disorders, chronic and disabling behavioral health conditions, chronic lung disorders, diabetes, and neurologic disorders. This is not a complete list of eligible chronic conditions. Not all members with an eligible condition will qualify. Other eligibility and coverage criteria also apply.

# NaviCare® Save Now Card Reimbursement Form

Use this form to request a reimbursement for eligible items.

## Ways to get reimbursed:

- 1. Mail completed form to:**  
Fallon Health,  
P.O. Box 211308, Eagan, MN 55121-2908
- 2. Email completed form to:**  
reimbursements@fallonhealth.org

### MEMBER information

Name:	Telephone number: (       )
Date of birth:	NaviCare ID card number:

### REQUESTOR information

Is this form being completed by a Fallon Health staff member on the member's behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the requestor someone other than the member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of the person requesting the reimbursement:	
Relationship to member:	<input type="checkbox"/> AOR/PRA <input type="checkbox"/> POA
Requestor's address:	Requestor's telephone number:
Has the member approved that the reimbursement check be issued to the requestor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### PURCHASE information

Retailer(s) where item(s) was purchased:		
City/State of retailer(s):		
Date of purchase:	<b>Charge</b>	<b>Amt. Paid</b>
Description of item(s) purchased:		

### Certification and authorization

I certify that the information above is correct to the best of my knowledge. I am claiming reimbursement only for eligible expenses during the applicable benefit year and for eligible members.

**Member's or Representative's signature:**

\_\_\_\_\_

Date: \_\_\_\_\_

