



PO Box 30017

Pittsburgh, PA 15222-0330

202301053917

**Prescription Claim  
Reimbursement Statement***Please Retain for Future  
Reference*

1 OF 6 F

**Forwarding Service Requested**

SINGLE PIECE

84 1.4504 SP 0.810



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01/05/2023

ENV 84

**Plan Name:**

## Important plan information

**This is not a bill**

According to our records, some or all of your prescription claims were (re)processed and those are identified on the following page(s). If you are owed money the check is enclosed in this mailing.

This may have occurred for one of the following reasons:

- You submitted a prescription reimbursement request (filed a paper claim).
- We received documentation indicating that your claim(s) should be reprocessed to correctly reflect your out-of-pocket costs.
- A claim audit identified an overpayment in prescription claim(s).

Should you have any questions please contact us at the number on your ID card.

**Claim Activity for:****Relationship to Cardholder:** Card Holder**Cardholder Name:****Cardholder ID:****Primary Insurance Information****Member ID:****Group ID:****Group Name:****Account ID:**



Type of Service: Pharmacy  
Date Claim(s) Processed: 01/04/2023

Claim #1		Totals
Claim Number	[REDACTED]	
Date Filled	12/25/2022	
Pharmacy Name	[REDACTED]	
Pharmacy Number	[REDACTED]	
Rx Number	In Network [REDACTED]	
Amount Submitted	\$45.00	\$45.00
Amount Allowed by Plan	\$0.00	\$0.00
Amount Disallowed	\$45.00	\$45.00
Member Responsibility		
	Copay	\$0.00
	Coinsurance	\$0.00
	Other	\$0.00
Plan Responsibility		
	Plan Paid (Primary)	\$0.00
	Member Reimbursement	\$0.00
	Reason Code	83



## Payment Summary

Statement Number: [REDACTED]

Total Reimbursement: \$0.00

Did you know generic drugs can save you money? Ask your pharmacist if your prescription can be filled with a generic equivalent drug.

## Plan Year Totals

Deductible Amounts Applied to Date:

Out of Pocket Amounts Applied to Date: \$0.00

Maximum Allowable Benefit Remaining:

## Remarks/Reason Code Explanation

83 We were unable to approve your request for reimbursement because our records  
83 indicate that the prescription drug(s) submitted with the request were previously  
83 processed through your Plan benefit, and that appropriate copays and deductibles  
83 have been applied. Your claim paid appropriately at time of processing, therefore no  
83 additional reimbursement will be provided. If you have secondary insurance, please  
83 submit your reimbursement request to your secondary insurance provider. If you would  
83 like us to reconsider our decision, you may file an Appeal. More information about  
83 submitting an appeal may be found below. If you have questions or need assistance,  
83 please call the toll-free number on your Prescription Benefit ID card.

\* Other Pharmacies are Available in our Network

**Notice:** The diagnosis and treatment codes (and their meaning) related to the service that is the subject of this statement are available upon request made to the carrier.

