

Client RX Reimbursement Requirements

- 1) RX paperwork stating
 - a) Pharmacy's name
 - b) Your name
 - c) RX name
 - d) Date
 - e) Cost
- 2) Cash register receipt stating
 - a) Pharmacy's name
 - b) Date
 - c) Cost
 - d) Proof of payment

Please bring these original documents to the Fiscal Assistant.

Without these TWO documents, SFHC can NOT reimburse you!