

# SCO OTC Reimbursement Form



This form allows WellSense Senior Care Options plan members to request reimbursement for the monthly \$155 over-the-counter (OTC) card allowance. These allowances are replenished once a month. The \$155 card monthly allowance may be used towards approved OTC items, groceries and utilities.\*

Reimbursement will only be approved for OTC and grocery items. Approved reimbursement for these covered items will be deducted from the card balance. In the event the balance is less than the amount submitted, you will be reimbursed only up to the amount of your card balance at the time your request is received.

To submit a request for reimbursement, please follow the instructions below and complete this form and all of its pages. You must be a member of WellSense Senior Care Options at the time of purchase, and your receipt must be for qualified items purchased before December 31. Reimbursements should be submitted within one year of the date of purchase. Please contact Member Service at 855-833-8125 (TTY: 711) if you have any questions.

## Member Information (Please print information clearly)

Member ID number (found on your member ID card)

Last name

First name, Middle initial

Address

City

State

Zip code

Phone

## Purchase Information (Required)

A receipt is required for purchased items, with the retailer's name and address preprinted on the receipt, with items listed and the amount paid.

Store name and location:

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Description of items purchased:

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Reimbursement amount requested:

## **Certification and authorization** (This form must be signed below).

I certify that the information provided in support of this submission is complete and correct, that I have only purchased qualified expenses, and that I have not previously submitted for this reimbursement.

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Member's Signature

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Date

To submit your request for determination, please send to:

WellSense Senior Care Options

Member Service

100 City Square, Suite 200

Charlestown, MA 02129

Fax: 617-897-0884

Email: [MemberQuestions@wellsense.org](mailto:MemberQuestions@wellsense.org)

\*The food and utility benefits are part of a special supplemental program for the chronically ill (SSBCI). Members must have the following chronic conditions in order to be eligible, however, this is not an exhaustive list and other conditions may apply: neurological disorders, diabetes mellitus, chronic and disabling mental health conditions, cardiovascular disorders, chronic lung disorder. Certain restrictions may apply. Only at participating locations. See Evidence of Coverage for full details. For more information, please call Member Service.