

Bluegrass Family Health

Tablet Splitter Reimbursement Form

Bluegrass Family Health will reimburse up to two tablet splitters per year by submitting proof of purchase.

Member Information

Name _____

BFH ID # _____

Date of Birth _____

Mailing address _____

City/State/Zip _____

- Receipt for tablet splitter must be included
- Item should be circled on the receipt
- Allow 6 – 8 weeks for processing

Amount to be Reimbursed _____

Reimbursement request may be faxed or mailed.

Mailing Address:

Bluegrass Family Health
Pharmacy Reimbursement
651 Perimeter Drive, Suite 300
Lexington, KY 40517

Fax Number:

(859) 335-3744

**Please note: Completion of this form does not guarantee payment.
For questions you may contact us at (877) 205-6308 or by fax (859) 335-3744.
You should retain copies of the original receipt and this form for your records**