WellHealth Quality Care
A MedSource Health Care Company

Teachers Health Trust
For Teachers By Teachers

Keep It Low: Diabetes Reimbursement for Prescription Cap

Member Information

Name ______________________________

Member ID # ______________________________

Phone Number ______________________________

Email Address ______________________________

Member DOB ______________________________

Pharmacy Information

Pharmacy Name ______________________________

Medications Filled (Check all that apply)

- ☐ 2710 – Insulin
- ☐ 2720 – Sulfonylureas
- ☐ 2725 – Biguanides
- ☐ 2730 – Diabetic Other
- ☐ 2728 – Meglitinide Analogues
- ☐ 2760 – Insulin Sensitizing Agents
- ☐ 2799 – Antidiabetic Combinations
- ☐ 2715 – Antidiabetic – Amylin Analogs
- ☐ 2717 – Incretin Mimetic Agents (GLP-1 Receptor Agonists)
- ☐ 2750 – Alpha-Glucosidase Inhibitors
- ☐ 2755 – Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
- ☐ 2770 – Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors

*** Please attach a copy of Receipt with name/type of Medication in addition to Receipt for Proof of Payment.**

*** Please separate receipts by month and complete one form for each month.**

Please email completed form to keepitlow@wellhealthqc.com

Internal Use Only

Received By ______________ Date ______________ Submitted ______________