



# Pharmacy Case Management Rx Benefit Review Form For \$500.00 addition to Pharmacy Cap

Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Day Time Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_

List of Medications: (Example: Lipitor 20mg once a day)

- |           |           |
|-----------|-----------|
| 1. _____  | 11. _____ |
| 2. _____  | 12. _____ |
| 3. _____  | 13. _____ |
| 4. _____  | 14. _____ |
| 5. _____  | 15. _____ |
| 6. _____  | 16. _____ |
| 7. _____  | 17. _____ |
| 8. _____  | 18. _____ |
| 9. _____  | 19. _____ |
| 10. _____ | 20. _____ |

Please fax to confidential fax @ 917-2669 or email [linda-kelleher@smh.com](mailto:linda-kelleher@smh.com)



CHARTER HEALTH PLAN

*A big idea for small business*