



LOST/DAMAGED/STOLEN MEDICATION FORM

ALL LOST MEDICATION REQUEST FORMS MUST BE SENT TO RX MEMBER EXPERIENCE
AT: RXMEMBEREXPERIENCE@HEALTHSUN.COM PHONE: 877-336-2069 FAX: 877-452-7496

FOR CONTROLLED SUBSTANCES CIII - CV PLEASE ATTACH THE PRESCRIPTION(S) TO THIS FORM.

Member's Information

Name:	Date of Birth:	Sex:
	/ /	F M
ID #		
Phone Number:		
Address:	Apt.#	
City:	State:	Zip Code:

Pharmacy Name/Telephone Number: _____

When did member lose medication(s): _____

How did member lose medication(s): (Please describe) _____

Prescribing Physician's Information

Dr.			
Address:	City:	State :	Zip
Phone:	Fax:	Office Contact Name:	

Requestor's Signature: _____

Date: _____

HealthSun complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-336-2069. (TTY: 1-877-206-0500). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-336-2069. (TTY: 1-877-206-0500). HealthSun Health Plans is an HMO plan with a Medicare contract. Enrollment in HealthSun Health Plans depends on contract renewal.



DRUG NAME	QUANTITY AND DAY SUPPLY	DIRECTIONS

HealthSun complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-336-2069. (TTY: 1-877-206-0500). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-336-2069. (TTY: 1-877-206-0500).

HealthSun Health Plans is an HMO plan with a Medicare contract. Enrollment in HealthSun Health Plans depends on contract renewal. HSHP_VSF_ENG Rev. 12/2019