

Prescription Drug Coupon Adjustment Request

When you use a prescription drug coupon to help satisfy your high-deductible health plan (HDHP) cost share, Sutter Health Plan does not apply this credit towards your deductible or out-of-pocket maximum (OOPM).

If you used a coupon to help with your cost share when fulfilling your prescription drugs, and we applied the total cost share to your HDHP deductible or OOPM, please complete and submit this form so we can accurately adjust your account. **Include copies of valid receipts from the retail or mail order pharmacy that shows the coupon amount deducted from your payment amount.** The cost share adjustment is only required when using a coupon for prescription drugs covered under your health plan and subject to the deductible and out-of-pocket maximums.

Please email, fax or mail the completed form and supporting documentation, including a receipt that shows the date within the current plan year to:



EMAIL

shpclaimsmailbox@sutterhealth.org



FAX

Sutter Health Plan
Attn: Claims
916-736-5426



MAIL

Sutter Health Plan
Attn: Claims
P.O. Box 211553
Eagan, MN 55121

Please submit a separate form for yourself and each enrolled family member and include the member's first and last name and date of birth. You must submit the form and supporting documentation within the same calendar year as the date listed on the receipt. Missing information may delay processing your request. Submissions after 30 days of the close of the calendar year will not be considered.

Sutter Health Plan Member ID #	Sutter Health Plan Coverage Effective Date	Date Submitted to Sutter Health Plan
Member Name (First and Last)	Date of Birth	
Prescription Drug Name	Date Prescription Filled	Coupon Credit Amount \$

If you have questions, call Customer Service at 855-315-5800 (TTY 855-830-3500).