MEDICAL CANNABIS REIMBURSEMENT FORM

To complete this form, please read the instructions.

SECTION A - INSURED OR DEPENDENT INFORMATION			
Contract Number:	Name of the insured or dependent:	Initial:	Last Name of the insured or dependent:
Postal address (Urb., Street Number, PO Box, City, State, Zip Code):	Group Number:	Birth date : _____ / _____ / _____ month day year	
Home phone number:	Fax number:	Alternate phone number:	
Patient ID number for medical cannabis use:	Dispensary name:	Dispensary phone number:	Dispensary location:
Fecha de expiración de Id de paciente para uso de cannabis medicinal:			

SECTION B - INSURED OR DEPENDENT AUTHORIZATION
I certify that the information provided on this procedure form is correct and complete. _____ Signature of insured person or authorized representative _____ Date

SECTION C - INFORMATION FOR INTERNAL USE			
Service code:	DX:	Provider:	Service date (purchase date):

INSTRUCTIONS

I. PLEASE READ THIS IMPORTANT INFORMATION

Use this form to request reimbursement for medical cannabis expenses paid, subject to its applicability. For details of your coverage, refer to your Policy or Certificate.

To request a reimbursement, you must complete this form and include documentation confirming the purchase (a receipt issued by Clínica Verde or one of its affiliated dispensaries included in the Directory is required) and the patient's authorization for the use of medical cannabis (current license issued by the Health Department).

Reimbursement is available to each insured or dependent from 21 years and older. If you claim expenses for more than one member of your family, you must complete a reimbursement form for each member.

Complete the boxes on the procedure form for reimbursement. You must include with your duly completed form, the following documents:
- Copy of the license of a patient authorized for the use of medical cannabis issued by the Department of Health of PR, **valid.**
- Original purchase receipt according to your covered benefit for reimbursement, issued by the dispensary, which is readable and includes the following information: Dispensary name, dispensary telephone number, patient license number authorized for the use of medical cannabis issued by the Department of Health of PR, of the MCS insured who makes the purchase of the product. For renew or obtain an authorized patient license, you must include the payment receipt issued by the company who coordinate the process through Clinica Verde or its affiliated dispensaries.

Requests that do not include the requested information will not be processed.

You can send the reimbursement form with the attachments to the email address: **reembolsocm@medicalcardsystem.com**

If you have any questions regarding how to complete this form or any related questions please contact our Customer Service Department at 787-281-2800 (Metro Area) or at 1-888-758-1616 (Toll free) Monday to Friday from 8:00am to 8:00pm and Saturdays from 8:00am to 4:30pm.

II. EXCLUSIONES O LIMITACIONES

El beneficio no está disponible para compras de productos que no requieren licencia de paciente autorizado para uso de cannabis medicinal emitido por el Departamento de Salud.
El beneficio no está disponible para asegurados que sean menores de la edad de veintiuno (21).
El beneficio no está disponible para asegurados que estén inactivos en su póliza de salud al momento de haber realizado una compra de un producto de cannabis medicinal.
El beneficio no está disponible para asegurados que no tengan licencia vigente de paciente autorizado para uso de cannabis medicinal emitido por el Departamento de Salud.

III. CONFIDENTIALITY NOTE

This formulary, once completed, contains privileged and confidential information for exclusive use of the person or entity it addresses. If you receive it by mistake, you are not authorized to review, disclose, spread, distribute or photocopy it. If you received this information by mistake please notify immediately at 787-758-2500 to make arrangements to return or destroy the documents.

IV. FRAUD ADVICE

In agreement with the dispositions of Act 230 of August 9th, 2008, we warn you that Article 27.250 of the Code of Insurances of Puerto Rico arranges for the following: "Any person who knowingly and with the intention to defraud present false information in an insurance request or, present, help or make present a fraudulent complaint for the payment of a loss or benefit, or present more than one claim for the same damage or loss, will incur in serious crime and if convicted, sanctioned by each violation with a fine no smaller than five thousands ($5,000) dollars, nor greater of ten thousand ($10,000) dollars or imprisonment by a fixed term of three (3) years, or both rulings. If aggravating circumstances mediate, the fines established could be increased up to a maximum of five (5) years; if extenuating circumstances mediate, it could be reduced a minimum of two (2) years.

V. USES AND DISCLOSURE AUTHORIZED BY LAW OF THE PROTECTED HEALTH INFORMATION

MCS Life Insurance Company has the obligation and commitment of keeping the privacy and confidentiality of your protected health information (PHI) according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). MCS Life Insurance Company as Plan administrator can disclose PHI without the insured's authorization to fulfill functions related to your treatment, payment of medical services and health care operations.