

Rx Claim - PRIORITY REIMBURSEMENT REQUEST

MAIL WITH RX RECEIPTS TO DONLEY & COMPANY, INC., 6330 E. 75TH ST., #106, INDIANAPOLIS, IN 46250

Employer: _____

Employee Name: _____

Employee Social Security Number: _____

I represent that the prescription receipts attached to this form are for medications for use only by myself or only by my dependent who is covered by my employer's health plan, which is the primary coverage I have for these expenses.

Signed: _____

Date: _____