

## Over the Counter (OTC) Prescription Request

For Flexible Spending Account (FSA) Reimbursements Or Health Reimbursement Arrangements (HRA)

*The IRS requires you to have prescriptions for over-the-counter (OTC) drugs in order to have them reimbursed by your flex spending plan. Have your physician review and complete this form if appropriate. Please note that you are not guaranteed a prescription.*

*This form is NOT for controlled substances.*

*It is documentation for reimbursement of OTC expenses from Flexible Spending or Health Reimbursement Arrangements only.*

To request a prescription for OTC medications:

Fill out your personal information, and OTC Name(s) below.

Give this form to your physician for approval by fax (preferred), mail, or in person.

Once the form is completed by your physician, send this form with your receipt(s) and completed claim voucher to The Preferred Group for reimbursement **OR** if you have not already purchased the medication and want to use an FSA-issued benefits card for payment, take this form to be filled as a prescription at a pharmacy.

Patient Name	Date of Birth
Address	Phone Number

*Enter only one medication per line.*

*Directions for Use means daily, as instructed, and the number of times you use the medicine in a day. Enter "PRN" for use as needed.*

	OTC Name	Directions for Use / Medical Reason	Quantity (bottle/box/etc)	Refills
1.				
2.				
3.				
4.				
5.				
6.				
7.				

### Physician's Use ONLY

Physician Instructions: Review, complete, sign and return to patient. Strikethrough and initial any lines you do not approve, or that are left blank.

Prescriber Name	Phone Number
Prescriber Address	Approved Line Numbers (from table above):
Signature (no stamps)	

Submit completed OTC Prescription Request, with receipts and complete Claim Voucher to:

Preferred Group Plans, Inc.  
P.O. Box 15136  
Albany, NY 12212-5136  
Fax: (518) 641-0325

For Questions:  
(518) 591-4960 / (866) 989-8995  
[www.ThePreferredGroup.com](http://www.ThePreferredGroup.com)