



LOST MEDICATION FORM

ALL LOST MEDICATION REQUEST FORMS MUST BE SENT TO PART D DEPARTMENT AT:

PARTDSERVICES@HEALTHSUN.COM. PART D DEPARTMENT- Phone: (305) 460-3901 Fax: (305) 643-4323

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:

Name of medication(s): _____

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.