

# **BCBSRI Skilled Nursing Facility Pharmacy Reimbursement Request Submission Cover Sheet**

**Please fax all Pharmacy Reimbursement Request Forms to:**

Attention: Priority Database Area  
(401) 459- 2722

**Or mail to:**

Blue Cross & Blue Shield of Rhode Island  
ATTENTION: Priority Database Area  
500 Exchange Street  
Providence, RI 02903

**Note: This coversheet must accompany all requests as well as a completed Skilled Nursing Facility Pharmacy Request Form, UB-04 Form and all long term care pharmacy invoices.**