Reimbursement from the BCBS Community Pharmaceutical Care Fund will be considered for purposes such as:

- Transportation for students and faculty to reach underserved citizens
- Purchase of medication for those without the means to purchase essential medical items
- Medical supplies needed for health and wellness activities
- Food in cases where the lack of proper nutrition is part of a program for improving overall well being

Person or group requesting reimbursement: ________________________________________________

PPE Faculty Team Member signature (if faculty member is not requestor): _____________________

Reimbursement is requested for (describe the activity for which reimbursement from this fund should be considered and how this activity met the needs of an individual or group deemed to be underserved or in need of assistance):

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Amount requested: __________

Expedited review (approval for reimbursement is needed within 30 days): Yes or No _______

Benefit of activity for which reimbursement is being requested (check all that apply):

Support of underserved family or individual: _____ Outreach opportunity: _____
Expanded service learning opportunity: _____ Research opportunity: _____
Improved access to care in underserved community: _____
Increase faculty expertise in developing community based and service learning curricula: _____
Other: ____________________________________________________________________________

Outcome measure (report status of achievement of outcome to the Clinical Services Committee):

_____________________________________________________________________________________
_____________________________________________________________________________________

Request approved: _____

Request denied: _____ Reason for denial: ________________________________________________

Request approved or denied by:

_________________________________                           ___________________________________
Clinical Services Committee representative        Clinical Services Committee representative

Accounting (required for approved requests only)

** Submit all receipts for the use of funds and a copy of the approved request to the AUPCC for processing.
**Title:** Request for reimbursement from the Blue Cross Blue Shield (BCBS) Community Pharmaceutical Care Fund  

**For:** HSOP  

**Affects:** All HSOP personnel and Students  

**Auburn University Pharmaceutical Care Center (AUPCC) Policies and Procedures**  

**Policy #:** AUPCC.  

**Approved Date:**  

**Approved by:**  

**Last Updated:**

**PURPOSE:** To define the process for requesting reimbursement from the BCBS Community Pharmaceutical Care Fund for use in community care activities as defined in the policy statement.

**POLICY:** Expenses for community pharmaceutical care activities may be reimbursed by the BCBS Community Pharmaceutical Care Fund for purposes such as:
- Transportation for students and faculty to reach underserved citizens
- Purchase of medication for those without the means to purchase essential medical items
- Medical supplies needed for health and wellness activities
- Food in cases where the lack of proper nutrition is part of a program for improving overall well being

Requests for reimbursement are approved through the Clinical Services Committee during their regularly scheduled meetings. An expedited review for reimbursement may be requested in instances where the reimbursement is needed prior to the next scheduled Clinical Services Committee meeting or in circumstances where the Committee is unable to consider a request in a timely manner. All requests should be forwarded to the AU Pharmaceutical Care Center (AUPCC).

**PROCEDURE:**
1. Obtain a “BCBS Community Pharmaceutical Care Fund Request for Reimbursement” form from the AUPCC.
2. Return the completed form to the AUPCC. If an expedited review is requested, inform the AUPCC staff so appropriate, timely action may be taken.