

Prescription Reimbursement Claim Form

Important!

- Allow up to 30 calendar days for processing to receive a response to your claim
- Keep a copy of all documents submitted for your records
- Do not staple receipts or attachments to this form
- Reimbursement is not guaranteed and may not equal the amount paid
- You must submit claims within 1 year of date of purchase or as required by your plan

	REQUIRED: Please check appropriate box for submitting a paper claim. Claim will be returned if incomplete. (Tape receipts and, or itemized bills on another sheet of paper)
	Reason I am ling this form is: ☐ Claim rejected at pharmacy
	□ Compound□ Out of coverage area
	☐ Other—provide reason below
	PLEASE INDICATE:
	State:
	Other Insurance Information
Last Name First Name MI	Coordination of Bene ts (COB) Are any of these medicines being taken for an on-the-job injury? ☐ YES ☐ NO Is the medicine covered under any other group insurance? ☐ YES ☐ NO If YES, is other coverage:
Pharmacy Name Address City State Zip	

Submission Requirements

You MUST include all original "pharmacy" receipts for your claim to be reviewed. Cash register receipts will **ONLY** be accepted for diabetic supplies. You may need to ask for a special receipt.

The minimum information that must be included on your pharmacy receipts is listed below:

Patient Name

Prescription Number

Medicine NDC Number

Date of Fill

• Amount and Type of Drug (4 tablets, for example)

- Total Charge
- Days Supply for your prescription (you need to ask your pharmacist for this "Days Supply" information)
 Pharmacy Name and Address or Pharmacy NCPDP Number

Please provide a valid Prescribing Physician's NPI:	 	
Prescribing physician's information:		
Name:	 	
Address:		
City:	State:	Zip:
Phone:	 	
Additional comments:		

Mail completed forms with receipts to:

Claims Department P.O. Box 52065 Phoenix, AZ 85072-2065

IMPORTANT REMINDER – To avoid having to submit a paper reimbursement claim form:

- Always have your ID card available at time of purchase
- Use medication from your preferred drug list

- Always use pharmacies within your plan
- · Return to the pharmacy to request claim reprocessing and for reimbursement
- If problems are encountered at the pharmacy, call the Pharmacy Member Services number on your ID card