Prescription Drug Claim Form

Use this form to file claims for covered prescriptions which you paid 100 percent, for covered prescriptions you received without showing your ID card and for covered prescriptions you received from a non-participating pharmacy.

BC 11803
CMK 13900
Rev. 07/07

PART ONE: Your benefit information **Date Submitted:** _____

Number of Prescriptions Attached: _____

MEMBER NUMBER

MEMBER NAME

MAILING ADDRESS

CITY STATE ZIP

( )
DAY TIME TELEPHONE NUMBER

PATIENT'S NAME (FIRST AND LAST)

/ /
PATIENT'S DATE OF BIRTH (MM/DD/YY)

PATIENT IS: ☐ MALE ☐ FEMALE

☐ MEMBER ☐ SPOUSE ☐ CHILD ☐ STUDENT

Please use a separate form for each family

☐ Check if coverage was provided by another insurance company. If checked, attach Explanation of Benefits (EOB) from the other company.

The undersigned certifies that the prescription receipts attached herein were received by the undersigned for the member noted above, who is eligible for drug benefits, and that such prescriptions were not for an on-the-job injury or covered under any other benefit plan. The undersigned authorizes release of any and all information to the plan administrator, underwriter, sponsor, policy holder, employer and their agents for use in connection with the benefit plan program. Information may also be used for other reporting and analysis purposes without identification of the undersigned or the member noted above. The undersigned further authorizes use of such person's member number for identification purposes and further recognizes that reimbursement will be paid directly to the member and assignment of these benefits to a pharmacy or other party is void.

SIGNATURE OF PATIENT, GUARDIAN OR LEGAL REPRESENTATIVE

PART TWO: Your prescription information – Please see reverse for helpful reminders.

Tape prescriptions or attach computer receipt for each prescription for which you are seeking reimbursement. ***NO STAPLES PLEASE.***

- If any of the prescriptions are compounds, ask your pharmacist to list all the ingredients and quantities on your receipt.
- Ask your pharmacist to submit diabetic and/or ostomy supplies just like prescription drugs. You'll be able to enjoy discounts where applicable and all necessary information for processing will be on your receipt(s).

Prescription Item #1 **TAPE OR AFFIX RECEIPT** *NO STAPLES PLEASE*	**Prescription Item #2** **TAPE OR AFFIX RECEIPT** *NO STAPLES PLEASE*
Prescription Item #3 **TAPE OR AFFIX RECEIPT** *NO STAPLES PLEASE*	**Prescription Item #4** **TAPE OR AFFIX RECEIPT** *NO STAPLES PLEASE*

Remember to always ask your doctor if a generic drug is right for your condition. If so, ask your doctor to allow your pharmacy to fill your prescriptions with generic drugs. Generic drugs contain the same ingredients as their brand-name counterparts. When you use generic drugs, you get the same quality as brand-name drugs – at a lower cost. If there is no generic available, ask your doctor if a preferred drug is available to treat your condition.

HELPFUL REMINDERS

- Always use participating network pharmacies to save more money. To find a network pharmacy, visit the Prescription Drug Information page on the Web site listed on your ID card. You can print a network pharmacy directory or use our pharmacy locator for the most up-to-date information. You can also call Caremark, the independent company your health plan has chosen to administer your pharmacy benefits, toll free at 1-888-963-7290.

- Show your ID card to the pharmacist before you receive your prescriptions.

- Completely fill out Part One of the prescription drug claim form and attach your prescription receipts.

  - Use a separate form for each family member. Don't attach more than one family member's receipts to one claim form.

  - Keep a copy for your records.

- Make sure your prescription receipts show the dates your prescriptions were filled; the name and address of your pharmacy; and the name, strength, quantity, and days supply you received. Your receipts should also show the National Drug Code (NDC) numbers for your prescriptions, your prescription numbers and the amounts you paid for them.

- If you need help or have questions, call the Customer Service number printed on your ID card or in your health benefits booklet or policy. You can also visit the Web site indicated on your ID card for assistance.

- Mail your prescription drug claim form to:

Caremark
Prescription Drug Claim Processing Center
P.O. Box 52059
Phoenix, AZ 85072-2059

SAVE MONEY WITH GENERICS! If you want to lower your prescription drug costs, consider using generic drugs. Generic drugs are widely recognized as quality medications. You can expect the same clinical results as brand-name drugs at a lower cost. The color and shape of a generic drug may be different from its brand-name counterpart, but the active ingredients are the same for both. Generic drugs must meet the same U.S. Food and Drug Administration (FDA) quality standards as brand-name drugs. The next time your doctor writes you a prescription, ask if a generic is available to help you save money. When you take your prescription to the pharmacy, tell your pharmacist you would like a generic drug.