

Prime Therapeutics

Medicare Part D Drug Claim Form

Please complete each section of this form.

Questions about completing this form?

Call 1-800-327-3998 (AL)

1-888-311-7508 (TN)

TTY: 711

8 a.m. – 8 p.m. seven (7) days a week*

Mail your completed claim form(s) and original, detailed pharmacy receipts to:

Part D Claims

P.O. Box 20970

Lehigh Valley, PA 18002-0970

MEMBER INFORMATION

First name

Last name

Date of birth

___ / ___ / _____

Identification #

Phone #

Street Address

City

State

Zip

◀ **Your identification (ID) number is listed on your member ID card.**

PHARMACY/CLINIC/HOSPITAL INFORMATION

Name

Phone #

Federal Tax ID

Street Address

City

State

Zip

◀ **The Federal Taxpayer Identification Number is a nine-digit number assigned to your pharmacy, clinic, or hospital that provided your drug.**

OTHER HEALTH INSURANCE INFORMATION

If you have other pharmacy benefit insurance (i.e., auto) that covers this drug, please send copies of:

1. Both sides of your other health insurance card.
2. The Explanation of Benefits (EOB) page that shows the amount paid, or the reason why coverage was denied.

WHY ARE YOU SENDING THIS CLAIM?

Please check any of the reasons shown below, or write your own reason.

- I became sick or ran out of my medicine while traveling outside of my plan's service area (but still within the U.S.).
- I couldn't get a covered drug when I needed it because I couldn't find a 24-hour network pharmacy near me.
- The covered drug I needed is not usually stocked at a network retail (local) or home delivery pharmacy service.

Please continue on next page

- I couldn't use a network pharmacy because I was evacuated or displaced due to a federally-declared disaster or health emergency.
- I couldn't choose a network pharmacy because I received the covered drug while in an ER department, medical clinic, or other outpatient setting (i.e., same-day surgery).
- Other (explain)

INSTRUCTIONS FOR COMPLETING THIS FORM

- 2018 Part D payment rules say that your doctor must:
 - a. Have a valid 10-digit National Provider Identifier (NPI) number, *and*
 - b. Accept Medicare claims, *or*
 - c. Have filed forms to show he or she has asked for Medicare's approval to write prescriptions.
- Use one claim form for each member and each pharmacy
(i.e., one member + two pharmacies = two forms.
If two members each use two pharmacies = four forms).
- If you need more claim forms, visit MyPrime.com, or call the member service number shown on your ID card
- Do not use this form to submit charges for durable medical equipment
(i.e., blood glucose meter or test strips).
- Original, detailed pharmacy receipts are required. Not accepted: canceled checks or receipts that only show the amount paid.
- Before you send in your claim(s), be sure to make a copy of all forms and receipts.

DRUG CLAIM INFORMATION

Original pharmacy receipts are required. Please do not staple them to this form.

Receipts must show:

- Pharmacy name Drug name Quantity NDC number NPI number
- Strength Date purchased Drug cost Days' supply Prescription number

All the fields below must be completed in order to process your claim. If you need help finding the information, please ask your pharmacist.

CLAIM FORM

Example form

Rx number	<u>0 0 0 0 0 6 0 1 1 4 8 1</u>	<i>Your pharmacist can give you the national drug code (NDC) and your doctor's national provider identifier (NPI) numbers.</i>
Date filled	<u>1 0 / 0 1 / 2 0 1 8</u>	
Quantity	60 Days' supply 30	
Drug name	Name of drug	
NDC number	<u>0 0 1 8 6 5 0 2 2 2 8</u>	◀ National Drug Code
NPI number	<u>9 2 1 5 2 4 1 1 6 3</u>	◀ National Provider Identifier
Total cost of drug	\$146.04 Amount you paid \$36.57	

Claim 1

Rx number	_____	<i>Your pharmacist can give you the national drug code (NDC) and your doctor's national provider identifier (NPI) numbers.</i>
Date filled	___ / ___ / _____	
Quantity	_____ Days' supply	
Drug name	_____	
NDC number	_____	◀ National Drug Code
NPI number	_____	◀ National Provider Identifier
Total cost of drug	_____ Amount you paid	

Claim 2

Rx number	_____	<i>Your pharmacist can give you the national drug code (NDC) and your doctor's national provider identifier (NPI) numbers.</i>
Date filled	___ / ___ / _____	
Quantity	_____ Days' supply	
Drug name	_____	
NDC number	_____	◀ National Drug Code
NPI number	_____	◀ National Provider Identifier
Total cost of drug	_____ Amount you paid	

COMPOUND DRUG INFORMATION

A compound drug is made of two or more drugs that are combined. If you are taking a compound drug, your pharmacist needs to enter the NDC numbers for all the ingredients used.

NDC number	Drug ingredient	Quantity	Cost

MEMBER CERTIFICATION

Your signature below certifies that:

- The information on this form is correct
- The member named above is eligible for pharmacy benefits
- The member named above received the drug(s) listed
- These benefits have not been assigned; any further assignment is void
- I give my permission to share the details of this form with Prime Therapeutics LLC

Member or legal representative signature* _____

Date _____

* If you are not the member, the member's prescribing physician, or other prescriber, you must provide a signed Appointment of Representative Form (or equivalent notice) along with this request. For information on how to appoint a representative, please refer to your plan benefit materials or call the number on the back of your insurance card.

OTHER RESOURCES



1-800-MEDICARE (1-800-633-4227)

TTY/TDD: 1-877-486-2048

Calls answered 24 hours/day,
7 days/week, except on federal holidays



Health Care Insurance Fraud Hotline:

1-800-706-4071

TTY/TDD 1-800-693-3816

Monday through Friday, 8 a.m. to 5 p.m. CT

It is a crime to knowingly give false information or submit a fraudulent claim to get paid for a benefit. It is a crime to give false information on an insurance application. If convicted, the person may have to do any or all of the following: pay the money back, pay a fine, and/or serve time in prison.

Fraud increases the cost of health care for all of us. If you know of (or suspect) any type of health insurance fraud, please call one of the hotline numbers listed above. You don't need to give your name; all calls are confidential.

DISCLAIMER

MyPrime is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, and independent company providing pharmacy benefit management services.

BlueRx (PDP) is a Medicare-approved Part D plan. Enrollment in BlueRx (PDP) depends on CMS contract renewal.

BlueRx (PDP) is provided by Blue Cross and Blue Shield of Alabama and UTIC Insurance Company, independent licensees of the Blue Cross and Blue Shield Association.

*Hours: 8 a.m. to 8 p.m., seven (7) days a week. From February 15 to September 30, on weekends and holidays, you may be required to leave a message. Calls will be returned the next business day.

10000733-E

Statement of Nondiscrimination

Blue Cross and Blue Shield of Alabama complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Foreign Language Assistance

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-630-6823 (TTY: 711)

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-630-6823 (TTY: 711)。