

Pharmacy Information Continued

Phone Number

Is this an on site nursing home pharmacy?

YES

NO

NCPDP/NPI Required

X

Signature of Pharmacist or Representative (REQUIRED)

Important! A signature is REQUIRED

NOTICE

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines, denial of benefits, and/or imprisonment.

I certify that I (or my eligible dependent) have received the medicine described herein. I certify that I have read and understood this form, and that all the information entered on this form is true and correct.

X

Signature of Plan Participant (REQUIRED)

Date

STEP 2 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: _____

STEP 3 Mail completed forms with receipts to:

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

OR

Fax completed forms with receipts to:

Fax: 401-404-6344

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

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

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