

CVS/caremark™ Prescription Reimbursement Claim Form

Important!

- » Always allow up to 30 days from the time you receive the response to allow for mail time plus claims processing.
- » Keep a copy of all documents submitted for your records.
- » Do not staple or tape receipts or attachments to this form.
- » Reimbursement is not guaranteed and other contractor will review the claims subject to limitations, exclusions and provisions of the plan.



STEP 1 Card Holder/Patient Information This section must be fully completed to ensure proper reimbursement of your claim.

Card Holder Information

<p>Identification Number (refer to your prescription card)</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>Group No./Group Name</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>Name (Last Name)</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>(First Name) (MI)</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>Address</p> <input style="width: 100%; height: 20px;" type="text"/>	
<p>Address 2</p> <input style="width: 100%; height: 20px;" type="text"/>	
<p>City</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>State Zip</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>Country</p> <input style="width: 100%; height: 20px;" type="text"/>	

Patient Information—Use a separate claim form for each patient.

<p>Name (Last Name)</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>(First Name) (MI)</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>Date of Birth</p> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<p>Male <input style="width: 20px; height: 20px;" type="checkbox"/> Female <input style="width: 20px; height: 20px;" type="checkbox"/></p>
<p>Relationship to Primary member</p> <p>Member <input style="width: 20px; height: 20px;" type="checkbox"/> Spouse <input style="width: 20px; height: 20px;" type="checkbox"/> Child <input style="width: 20px; height: 20px;" type="checkbox"/> Other _____</p>	
<p>Phone Number</p> <input style="width: 100%; height: 20px;" type="text"/>	

Other Insurance Information

COB (Coordination of Benefits)

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: Primary Secondary

If other coverage is Primary, include the explanation of benefits (EOB) with this form.

Name of Insurance Company _____ ID# _____

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.

<p>X Signature of Plan Participant</p>	<p>Date</p>
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STEP 2**Submission Requirements:**

You **MUST** include all original “pharmacy” receipts in order for your claim to process. “Cash register” receipts will **only** be accepted for diabetic supplies. The minimum information that must be included on your pharmacy receipts is listed below:

- Patient Name
- Prescription Number
- Medicine NDC number
- Date of Fill
- Metric Quantity
- Total Charge
- Days Supply for your prescription (you need to ask your pharmacist for this “Day Supply” information)
- Pharmacy Name and Address or Pharmacy NABP Number

A valid Prescribing Physician’s NPI (National Provider Identification) number is required, please provide: _____

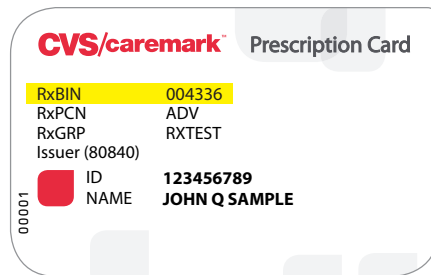
Prescribing physician’s information (all fields required):

Name: _____

Address: _____

City, state, zip code: _____ Phone number: _____

Additional Comments

STEP 3**Mailing Instructions:**

The RXBIN # is located on front of your CVS/caremark Prescription ID card. Please see highlighted area to the left for reference. Match your RXBIN # to the addresses below.

RXBIN # 610415 mail to:

CVS/caremark
P.O. Box 52116
Phoenix, Arizona 85072-2116

RXBIN # 004336 , 012114 or if you are unable to locate your bin # mail to:

CVS/caremark
P.O. Box 52136
Phoenix, Arizona 85072-2136

RXBIN # 610029 mail to:

CVS/caremark
P.O. Box 52196
Phoenix, Arizona 85072-2196

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

- Always have your card available at time of purchase.
- Always use pharmacies within your network.
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the number on the back of your card.

Frequently Asked Questions

MISSING/INVALID INFORMATION	WHAT TO DO?
Days' Supply	Days' supply is the number of days medication is to be taken. This is not the quantity of medication dispensed. See below for quantity. Contact your pharmacy to obtain a new receipt or itemized printout that includes the days' supply in addition to the quantity and directions for use. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. As an alternative, you may contact your pharmacy for this information and write it on the claim form by hand.
National Drug Code (NDC) Number	The NDC number is a unique 11-digit number assigned to each medication by the U.S. Food and Drug Administration (FDA). Contact your pharmacy to obtain a new receipt or itemized printout that shows the NDC number. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. As an alternative, you may contact your pharmacy for this information and write it on the claim form by hand.
Original Receipts	Contact your pharmacy to obtain a new receipt or itemized printout. Please make sure the receipt or itemized printout includes the patient's name, prescription number, date filled, dispensing pharmacy name and address, drug name, strength/form, quantity, ingredient cost, gross amount due, days' supply and price. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. An original cash register receipt is acceptable for diabetic supplies.
NPI, NCPDP or NABP Number	The National Provider Identifier (NPI), National Council for Prescription Drug Programs (NCPDP) or National Boards of Pharmacy (NABP) number is the unique number assigned to each pharmacy. Contact your pharmacy to obtain a new receipt or itemized printout with their valid pharmacy number. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. You also may contact your pharmacy for this information and write it on the claim form by hand.
Member ID Number	Your member ID number is found on your benefit ID card. Your member ID can't be located or matched in our system. Please provide the member ID number that was valid on the date the pharmacy filled the prescription. Always ensure the member ID is correct on the claim form you submitted. If you have additional questions, call the toll-free number on your benefit ID card.
Prescription Number	Every prescription is assigned a unique prescription number (Rx#) by the pharmacy. Contact your pharmacy to obtain a new receipt or itemized printout that includes the prescription number. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. As an alternative, you may contact your pharmacy for this information and write it on the claim form by hand.
Date of Fill	Date of fill is the date the pharmacy filled the prescription. Contact your pharmacy to obtain a new receipt or itemized printout that includes the date the prescription was filled. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing.
Quantity	Quantity is the total number of tablets, milliliters or grams of medication that was dispensed. Contact your pharmacy to obtain a new receipt or itemized printout that includes the quantity of your prescription. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. You also may contact your pharmacy for this information and write it on the claim form by hand.

To avoid or reduce the likelihood of having to submit a paper claim in the future:

- **Have your card available at the time you pick up your prescription**
- **Use a pharmacy that is within the network chosen by your plan sponsor**
- **Consider medication from your Preferred Drug List**
- **Refer to the claim form for required information**

Please note: Submission of the requested information does not guarantee payment of your claim.