

Prescription Drug Claim Form

DIRECTIONS:

- 1. Complete and sign claim form below. Use a separate form for each patient.
- 2. Attach Explanation of Benefits (if applicable) and Prescription Receipts.
- Send completed Form & Pharmacy receipts to: PRIME THERAPEUTICS, LLC; P.O. Box 25136; Lehigh Valley, PA 18002-5136

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If yes, was it related to: Auto Accident Workers' Comp Other B. Is other insurance applicable to charge? YES NO If yes, complete the information below. You must submit an Explanation of Benefits (EOB) for your claim to be processed. Other Carrier Name Policy # Amount Paid By Other Insurance \$ V. PHARMACY INFORMATION The Pharmacy NCPDP number can be found on the pharmacy receipt, or may be obtained from the pharmacy. PHARMACY NAME NCPDP # NPI # PHONE STREET ADDRESS CITY, STATE, ZIP CODE PHARMACIST SIGNATURE PHARMACIST LICENSE NUMBER V. PRESCRIPTION INFORMATION Prescription receipts are required for processing. Cash register receipts are not acceptable. Ensure each receipt shows the information below. Ask your pharmacist to provide any missing information. A pharmacy patient history may be submitted in lieu of a receipt, but must be signed by the pharmacist. Patient Name Pharmacy Name and Address Drug Name and NDC# Fill Date Prescription Number Total Charge Days Supply Quantity Doctor Name and DEA# DAW (Dispense as Written Code) VI. CERTIFICATION I Certify all information provided on this form and on the attached itemized statement to be true and correct to the best of my knowledge. I understand that any person who knowingly and with intent to injure, defraud or deceive any insurer, or files a statement of claim or application containing any false incomplete or misleading information is guilty of a felony of the third degree. POLICY HOLDER/PATIENT SIGNATURE DATE Reason for mailing in claim: System not available at pharmacy My information not on file at pharmacy Non-participating pharmacy Pharmacy would not submit claim I had not received my Florida Blue card yet Extension of benefits MediScript	II. GENERAL INFORMATI	ON										
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☐ Primary coverage is with another carrier (Attach Explanation of Benefits from primary carrier) ☐ Other												
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