

Prime Therapeutics

Medicare Part D Drug Claim Form

Please complete each section of this form.

Questions about completing this form?

Call 1-877-723-7702 TTY: 711

24 hours a day, seven (7) days a week. The call is free.

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

Blue Cross Community MMAISM

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

- 2019 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 9</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>	
NPI number	<u>9 2 1 5 2 4 1 1 6 3</u>	◀ National Drug Code
Total cost of drug	\$146.04 Amount you paid \$36.57	◀ National Provider Identifier

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	_____	
NPI number	_____	
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	_____	
NPI number	_____	
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
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* 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

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, an independent company providing pharmacy benefit management services.

Blue Cross Community MMAI (Medicare-Medicaid Plan) is provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Enrollment in HCSC's plan depends on contract renewal.

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Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-723-7702 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-723-7702 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-723-7702 (TTY: 711).

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 1-877-723-7702 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-723-7702 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-723-7702 (TTY: 711).

ملحوظ: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل رقم 1-877-723-7702 (هاتفًا لصم والبكم: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-723-7702 (телетайп: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો ન:શુલક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-723-7702 (TTY: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-723-7702 (TTY: 711)۔

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-723-7702 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-723-7702 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-723-7702 (TTY: 711) पर कॉल करें।

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-723-7702 (ATS : 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-723-7702 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-723-7702 (TTY: 711).