



**Pharmacy/Prescription Information**

1. Use a **separate claim form** for each patient. All information provided on or attached to this claim form must be for the same patient.
2. Tape or glue pharmacy receipts in the spaces provided. When you tape or glue your receipts, it is not necessary for the receipts to fit exactly within the spaces provided. If the taped or glued receipts overlap each other, be sure that all information on each receipt is readable. Each receipt must show:

- Patient Name
- Pharmacy Name/Address
- Total Charge
- Drug Name and NDC#
- Quantity
- Fill Date
- Rx#
- Days Supply

If any of your receipts do not have **required** information, ask your pharmacist to provide you with the missing information.

Write that information on your receipt(s). If not completed, the claim will be sent back for the required information.

3. Call the customer service number on your ID card if you have any questions.
4. Have your pharmacist call 800.821.4795 if he/she has any questions.
5. Send completed form to:

Prime Therapeutics  
 P.O. Box 14430  
 Lexington, KY 40512-4430

**To find a network pharmacy** in your area, please call our pharmacy locator toll free at **866.325.5230**.

<p style="text-align: center;"><b>EXAMPLE</b></p> <p>of how to complete the Prescription Drug Claim Form.</p> <p><b>1</b> RX Number <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="6"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="8"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/></p> <p>Date Filled <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/></p> <p>Quantity <input style="width: 40px; border: 1px solid black;" type="text" value="30"/> Day Supply <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/></p> <p>Name of Medication <u>“Drug Name”</u></p> <p>NDC Number <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="6"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="7"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="3"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/></p> <p>(Your pharmacist can provide the NDC number identifying the drug.)</p> <p>Prescription Cost \$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="5"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="1"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="4"/></p> <p>Balance Due \$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value=""/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value=""/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value=""/></p>	<b>Rx 1</b>
	<p><b>Pharmacy Receipts Only</b></p> <p style="margin-top: 40px;">Tape or glue one pharmacy receipt in this space. If you prefer, staple your receipts to the top of this form.</p> <p>Keep a copy of your receipt(s) for your records.</p>
<b>Rx 2</b>	<b>Rx 3</b>
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