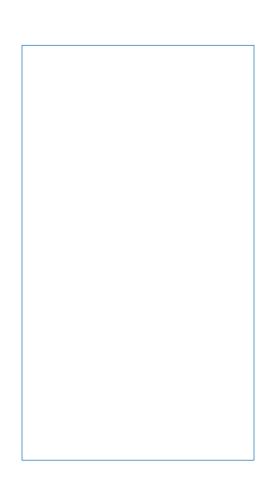


Prescription Reimbursement Claim Form



- Allow up to 30 calendar days for processing to receive a response to your claim
 Keep a copy of all documents submitted for your records
- Do not staple receipts or attachments to this form
- Reimbursement is not guaranteed and may not equal the amount paid

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



Submission Requirements

You MUST include all original "pharmacy" receipts for your claim to be reviewed. Cash register receipts will	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
- Date of Fill
 Amount and Type of Drug (4 tablets, for example)
- Days Supply for your prescription (you need to ask your pharmacist for this "Days Supply" information)
- Pharmacy Name and Address or Pharmacy NCPDP Number

_ Zip:

Mail completed forms with receipts to:

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

To avoid having to submit a paper reimbursement claim form:

Always have your ID card available at time of purchase
Use medication from your preferred drug list

A

- Always use pharmacies within your plan
- If problems are encountered at the pharmacy, call the Pharmacy Member Services number on your ID card
- Return to the pharmacy to request claim reprocessing and for reimbursement

Medicine NDC Number

Total Charge