

Direct Claim Form

Instructions

Read carefully before completing this form.

1. To find out whether you qualify for a direct claim, review the requirements on the right.
2. The plan member should read the acknowledgment carefully, then sign and date this form.
3. Be sure your receipts are complete. All receipts must contain the information listed under "Claim receipts" on the back of this page.
4. Return the completed form and receipt(s) to:

Medco Health Solutions, Inc.

P.O. Box 14711

Lexington, KY 40512

Complete all information on the claim form. An incomplete form may delay reimbursement.

Member/Subscriber Information See your prescription drug ID card.

Group No.

Member ID

Member Name (First, Last)

Street Address

City State Zip

Pharmacy Information

Name of Pharmacy

Street Address

City State Zip

Telephone (include area code)

Is this an on-site nursing home pharmacy? Yes No

I hereby certify that the charge(s) shown for the medication(s) prescribed is correct and agree to provide Medco or its agents reasonable access to records related to medication dispensed to this patient in accordance with applicable law. I further recognize that reimbursement will be paid directly to the plan member and assignment of these benefits to a pharmacy or any other party is void.

Signature of Pharmacist or Representative (Required)

NABP Number Required

Acknowledgment

I certify that the medication(s) described above was received for use by the patient listed above, and that I am eligible for prescription drug benefits. I also certify that the medication received was not for an on-the-job injury or covered under another benefit plan. I recognize that reimbursement will be paid directly to me, and that assignment of these benefits to a pharmacy or any other party is void.

Signature of Member



Does this claim qualify for coverage?

You may submit a claim for Part D-covered medication dispensed by a nonparticipating pharmacy **only in an emergency**. Check the box that applies to your emergency situation:

- A. I traveled outside my plan's service area and ran out (or lost) my medication/ I became ill and could not access a network pharmacy.
- B. I was unable to obtain my medication in a timely manner within my service area (there was no network pharmacy within a reasonable driving distance that provides 24/7 service).
- C. My medication is not stocked regularly at an accessible network or mail-order pharmacy.
- D. My medication was dispensed from an emergency department, provider-based clinic, outpatient surgery facility, or other outpatient setting.
- E. I received a vaccine at my doctor's office.

Claim Receipts

Tape receipts or itemized bills on the back. **Do not staple!** Tape additional receipts on a separate piece of paper.

Check the appropriate box if any receipts or bills are for a:

- Compound prescription**
Your pharmacist must list a **valid** 11-digit NDC number for **each ingredient**, plus quantities, on the receipt or bill.

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 and/or imprisonment, or denial of benefits.*

