

Date of Service	Drug Name - Rx Number	Charge	Amount Patient Paid	Amount Other Payer Paid

Pharmacy Information (For Compound Prescriptions Only)				
Rx #		Date Filled		Days Supply
VALID 11-DIGIT NDC#		QUANTITY		PRICE
TOTAL				
			TOTAL PATIENT PAID	

- List the VALID 11-digit NDC number for EACH ingredient used for the compound prescription.
- For each NDC number, indicate the “metric quantity” of the ingredient expressed in the number of tablets, grams, milliliters, etc.
- Indicate the charge (dollar amount) for each ingredient and total price paid by patient.

Acknowledgment: I certify that the medication(s) described above was received for use by the patient listed above, and that I (or the patient, if not myself) 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

<p>When To Use This Form</p> <ul style="list-style-type: none"> • Use this form to submit claims under Coordination of Benefit Rules. • Complete a separate claim form for each pharmacy used. • You must submit claims no later than 3 months after the end of the year that the drug was purchased. <p>Instructions Read carefully before completing this form.</p> <p>1. Receipts should contain the following information:</p> <ul style="list-style-type: none"> • Date prescription filled • DAW (Dispense As Written) • Name and address of pharmacy 	<ul style="list-style-type: none"> • Doctor name • NDC number (drug number) • Name of drug and strength • Quantity and days supply • Prescription number (Rx number) • Amount paid <p>Your pharmacist can provide the necessary information if your claim or bill is not itemized.</p> <p>2. The plan member should read the acknowledgment carefully, then sign and date this form.</p> <p>3. Return the completed form and receipt(s) to:</p> <p>Claims Form Processing P.O. Box 39668 Solon, OH 44139-3966</p>
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