

Instructions

1. Please complete a separate claim form for each patient and each pharmacy. Each claim form must be signed.
2. **When you have completed this form, please include your itemized receipts. Send original receipts only. Photocopies of receipts are not acceptable, except when submitted with another carrier's explanation of benefits or notice of payment. A pharmacist's signature is required on all handwritten receipts. We recommend you keep copies for your records.**
3. **You must answer the other prescription drug insurance questions in the Patient Information Section on the front of this form or your claim will be returned.**
4. Itemized receipts for covered prescriptions are required and must include the following:
 - NABP number or the current name and complete address of pharmacy
 - Full name of the patient
 - Date filled
 - Name of drug, strength (e.g., 500 mg) and dosage form (e.g., capsules, liquid or cream)
 - Prescription number
 - Quantity
 - Charge for each prescription
5. **"DAYS SUPPLY" must be included on the claim form.**
Calculate your days supply like this: $\text{QUANTITY} \div \text{DOSAGE} = \text{DAYS SUPPLY}$
QUANTITY - Total number of units (pills, tablets, capsules)

DIVIDED BY

DOSAGE - Total number of doses per day (one a day, 3 times a day)

Example: You have 90 tablets and you take 3 tablets per day i.e. $90 \div 3 = 30$ DAYS SUPPLY

6. Only claims for prescriptions purchased from a retail pharmacy are to be sent to the address on the front. Claims for all other services should be sent to your local Blue Cross/Blue Shield Plan using a Federal Employee Program Health Benefits Claim Form. Example of claims sent to your local Blue Cross and/or Blue Shield Plan includes:
 - Drugs dispensed by a physician or hospital including allergy sera
 - Home health care medications
 - Durable medical equipment
7. Claims must be submitted promptly, but in any case no later than December 31 of the calendar year following the year in which the drug was purchased.

Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine or not more than \$10,000 or imprisonment of not more than 5 years, or both, (18 U.S.C. 1001).

Prescription drug benefits under the Service Benefit Plan are subject to the terms, limitations and exclusions stated in the Service Benefit Plan brochure including "If the provider waives your share" in the Cost Share Section. The Billed charge must be no more than the pharmacy's normal retail charge.