PREMERA | BLUE CROSS

Secondary Insurance Prescription Drug Claim Form

INSTRUCTIONS:

- *This form is to be used for **secondary** prescription claim submissions only. Call the Customer Service number listed on the back of your ID card for the proper form for primary insurance claim submission.*
- *Complete all information, following all instructions carefully. An incomplete form and/or missing attachments may delay your reimbursement.*

1. SUBSCRIBER / PATIENT / PHARMACY INFORMATION — *complete a separate form for each person and each pharmacy*

Subscriber (employee) name		Patient name
Subscriber ID number	Subscriber group number	Patient relationship to subscriber ☐ Self ☐ Spouse / domestic partner ☐ Dependent
Subscriber employer's name		Pharmacy name
Subscriber mailing address		Pharmacy mailing address

2. PRESCRIPTION DRUG RECEIPTS — *limit 10 receipts per form*

- *List prescription drugs in date order, limiting 10 receipts per form. Use a separate form for additional receipts.*
- *All prescriptions listed must be for the same person and same pharmacy. Use a separate form for each person, each pharmacy.*
- *Receipts must be attached. Do not staple! Tape receipts to reverse side or on a separate sheet. Cash register receipts are not acceptable.*
- *Explanation of benefits (EOB) from primary insurance or pharmacy receipt indicating copay amount from primary coverage must also be attached.*

	Date of Purchase	Amount Charged	Balance after Primary Ins. Benefits	Drug Quantity Units/Days	Name of Each Drug	Rx Number / NDC Number	Prescribing Physician	Receipt and EOB attached?
1								☐ Yes ☐ No
2								☐ Yes ☐ No
3								☐ Yes ☐ No
4								☐ Yes ☐ No
5								☐ Yes ☐ No
6								☐ Yes ☐ No
7								☐ Yes ☐ No
8								☐ Yes ☐ No
9								☐ Yes ☐ No
10								☐ Yes ☐ No

3. SUBSCRIBER SIGNATURE

I hereby certify that the above drugs were necessary for treatment of the illness/injury reported and were purchased for the individual named above.

X Date

Keep a copy of this form and all attachments for your records.

Return completed form and all attachments to Premera Blue Cross, P.O. Box 91059, Seattle, WA 98111-9159.

Call Premera Customer Service with any questions at 1-800-722-1471 (1-800-842-5357 TDD for the hearing impaired).

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