

PHARMACY SERVICES PRESCRIPTION DRUG CLAIM FORM

1. This form is to be used to claim prescription drug benefits provided to eligible GuildNet Gold Plus FIDA Plan participants.
2. Please complete all sections. We need all the information requested to process your claims.
3. Have your pharmacist complete sections B and C. Receipts must be attached.
4. Use a separate form for each participant. In addition, use a separate form for each pharmacy serving the participant.
5. Send the form and receipts to:
 GuildNet Gold Plus FIDA Plan
 PO Box 1520 JAF Station New
 York, NY 10116-1520

A. SUBSCRIBER INFORMATION	FOR OFFICE USE
ID #	Claim #
Participant Name (Last) (First) (MI)	
Street Address	
City	State ZIP
Date of Birth: ____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Participant ID#	
I certify that all Participant Information is correct and the medication has been dispensed. I authorize release of any information relating to this claim to GuildNet Gold Plus FIDA Plan, and all necessary third parties, including Emblem Health, for purposes of claims investigation and payment, utilization review and audit.	
Participant SIGNATURE	

Please see next page.

B. PHARMACY INFORMATION NABP #	Telephone number	Pharmacy Name
Pharmacy Street Address		
City		State ZIP
I certify that the prescription(s) listed below were lawfully dispensed for the above-named patient, information provided is correct and all supporting documents are available for audit.		
PHARMACIST'S SIGNATURE		

C. PRESCRIPTION INFORMATION		Name of Medication		Rx #	
Date dispensed: ___/___/___					
NDC#	New Refill	Qty Dispensed	Strength	Days Supply	Rx Cost \$
Prescriber Name			Prescriber State License #		
PRESCRIPTION INFORMATION		Name of Medication		Rx #	
Date dispensed: ___/___/___					
NDC#	New Refill	Qty Dispensed	Strength	Days Supply	Rx Cost \$
Prescriber Name			Prescriber State License #		
PRESCRIPTION INFORMATION		Name of Medication		Rx #	
Date dispensed: ___/___/___					
NDC#	New Refill	Qty Dispensed	Strength	Days Supply	Rx Cost \$
Prescriber Name			Prescriber State License #		

GuildNet Gold Plus FIDA Plan is a managed care plan that contracts with both Medicare and New York State Department of Health (Medicaid) to provide benefits of both programs to Participants through the Fully Integrated Duals Advantage (FIDA) Demonstration.

Benefits, List of Covered Drugs, and pharmacy and provider networks may change from time to time throughout the year and on January 1 of each year.

You can get this information for free in other languages. Call 1-800-815-0000 (TTY 1-800-662-1220), Monday through Sunday 8am to 8pm. The call is free.

Usted puede obtener esta información en otros idiomas gratis. Llame al 1-800-815-0000 o TTY/TDD al 1-800-662-1220, de lunes a domingo de 8am a 8pm. La llamada es gratis.

Queste informazioni sono disponibili gratuitamente in altre lingue. Chiamare il numero verde 1-800-815-0000 o 1-800-662-1220 mediante un telefono testuale per non udenti (TTY/TDD), da lunedì a domenica, dalle 8 alle 20. La chiamata è gratuita.

您可以免費獲得本信息的其他語言版本。請撥打 1-800-815-0000 或聽障／語障人士專線 (TTY/TDD) 1-800-662-1220，星期一至星期日上午 8 時至晚上 8 時。撥打該電話免費。

Вы можете бесплатно получить эту информацию на других языках. Позвоните по телефону **1-800-815-0000** и TTY/TDD **1-800-662-1220**. Служба работает с понедельника по воскресенье с 08:00 до 20:00 ч. Звонок бесплатный.

Ou kapab jwenn enfòmasyon sa yo gratis nan lòt lang. Rele nimewo 1-800-815-0000 oswa TTY/TDD 1-800-662-1220, lendi jiska dimanch, depi 8am jiska 8pm. Koutfil la gratis.

다른 언어로 작성된 이 정보를 무료로 얻으실 수 있습니다. 월요일 - 일요일 오전 8시부터 오후 8시 사이에 1-800-815-0000번이나 TTY/TDD 1-800-662-1220번으로 전화주세요. 통화는 무료입니다.

The State of New York has created a participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by GuildNet Gold Plus FIDA Plan. ICAN may be reached toll-free at 1-844-614-8800 or online at icannys.org.