Staple

Humana

MEDICARE PRESCRIPTION DRUG CLAIM FORM

FOR MEMBER REIMBURSEMENT

CLAIM FORM INSTRUCTIONS

Part 1: Member Information

1. Complete all information under Part 1. Your Humana ID Number is on your member ID card.
2. Submit claim receipts within the filing period specified by your Humana plan. **Medicare claims must be filed by three months after the end of the year in which service was provided.** For questions about your filing period, please call the number on the back of your member ID card.
   Note: Services incurred outside the United States are not payable under Medicare Part D.
3. Please submit a separate form for each family member and pharmacy from which you purchase medications.

Part 2: Receipt Information

1. Include all original pharmacy receipt(s). Cash register receipts are not sufficient. Tape receipts to a separate page and submit with claim form. If medication was provided in ER or Dr office, provide itemized statement.
2. Receipt(s) must contain the information outlined under Part 2. If your receipt(s) are missing any of this information, please ask your pharmacy to provide a printout with the information required in Part 2.
3. Remember to keep a copy of the completed claim form and receipt(s) for your records.

Part 3: Pharmacy Information

1. Provide information about the pharmacy where medications were obtained.

Once all sections have been filled in, please sign and date. Your signature attests that all information is accurately represented by the completed form and accompanying receipts.

Mail the completed form and Receipt(s) to: **Humana Pharmacy Solutions**
P.O. Box 14140
Lexington, KY 40512-4140

or Fax to : **866-754-5362**

PART 1: MEMBER INFORMATION

Humana ID Number (claim cannot be processed without this) _____ – __

Date of Birth (mm/dd/yyyy) __ / __ / ____

Patient Residence:
- ☐ Home
- ☐ Nursing Home
- ☐ Assisted Living
- ☐ Group Home
- ☐ Intermediate Care
- ☐ Hospice

Member Last Name _____ First Name _____ MI _

Gender: ☐ Male ☐ Female

Relationship: ☐ Member ☐ Spouse ☐ Child ☐ Other

Member Street Address _____

City _____ State __ ZIP Code _____ Member Telephone (___) ___ – ____

PART 2: RECEIPT INFORMATION

Ensure your receipt includes the following information:

- ☐ Date Filled
- ☐ Medication Name
- ☐ Medication Strength
- ☐ Dosage Form
- ☐ Rx Number
- ☐ National Drug Code (NDC)
- ☐ Quantity
- ☐ Days Supply
- ☐ Rx Price (including tax)
- ☐ Physician Name
- ☐ Physician ID (NPI or DEA#)
- ☐ If drug is a compound, list the NDCs for all ingredients and quantity of each.

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DAW: ☐ 0 - Not applicable ☐ 1 - Doctor mandates that brand product be dispensed

☐ 2 - Patient mandates that brand product be dispensed ☐ 5 - Brand submitted as generic

☐ 7 - Brand mandated by state law

PART 3: PHARMACY INFORMATION

Pharmacy Name

Pharmacy ID (NABP or NPI#)

Pharmacy Street Address

City

State

ZIP Code

Pharmacy Telephone ( ) –

Pharmacy Service Type: ☐ Retail ☐ Compounding ☐ Home Infusion ☐ Institutional ☐ Mail Order

☐ Long Term Care ☐ Managed Care Organization ☐ Specialty ☐ Other

Description of Issue:

- ☐ Pharmacy will not accept my Humana plan
- ☐ Pharmacy was unable to process my claim electronically
- ☐ I did not have my plan information at the time of purchase
- ☐ I was charged for medications received during an Emergency Room visit
- ☐ I believe the claim was paid incorrectly
- ☐ I was administered a Part D covered vaccine in my doctor's office
- ☐ I filled my medication during an emergency
- ☐ I have drug coverage with a plan other than Humana (Coordination of Benefits)

Name of Ins Co_____

Ins Co Phone# _____

Employer Name_____

Member ID_____

Please explain the issue: _____

IMPORTANT CLAIM NOTICE

Caution: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act.

Member Signature **X** _____ Date / /

Humana is a Medicare Advantage organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

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Humana ID Number –