PRESCRIPTION DRUG CLAIM FORM FOR MEMBER REIMBURSEMENT

Part 1: Member Information

CLAIM FORM INSTRUCTIONS

- 1. Complete all information under Part 1. Missing or incomplete information may result in delay or denial of
- 2. You will have 36 months from the date the prescription is filled to submit your claim. Note: Services incurred outside the United States are not payable under Medicare Part D Plan.
- 3. For help and information please contact our customer care team at 1-800-783-1307. If you use a TTY dial 711. Someone will be available to take your call Monday - Friday 8 a.m. - 11 p.m. EST.

Part 2: Receipt Information

- 1. Include all pharmacy receipt(s) AND proof of payment. Tape receipts to a separate page and submit with claim form. If medication was given in Emergency Room or Doctor's office include detailed 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

Provide information about the pharmacy where medications were received.

Once all sections have been filled in, please sign and date. Your signature proves that all information is truthfully represented by the completed form and accompanying receipts. If you are a representative of Member and are authorized to submit on their behalf please provide proof of Appointment of Representation.

Mail the completed form and Receipt(s) to:

Medicare's Limited Income NET Program or Fax to: 877-210-5592 P.O. Box 14310

Lexington, KY 40512-4310
PART 1: MEMBER INFORMATION
Humana ID Number H
PART 2: RECEIPT INFORMATION
Ensure your receipt includes the following information: Date Filled Medication Strength RX Price (amount you paid including tax) Medication Name Dosage Form Physician Name RX Number Quantity Physician ID (NPI or DEA#) National Drug Code (NDC) Day(s) Supply If drug is a compound, list the NDCs for all ingredients and quantity of each Dispense as Written (DAW): This code is a message from your doctor to the pharmacist about using generics. If it applies to your prescription, it can be found on your pharmacy label or your pharmacy can provide it.
0-Not Applicable 1-Doctor requires that brand product be dispensed 2-Patient requires that brand product be dispensed 5-Brand submitted as generic 7-Brand mandated by state law

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Page 2 of 2

administered by Humana®
PART 3: PHARMACY INFORMATION
Pharmacy Name Pharmacy NCPDP ID OR
City State Zip Code Pharmacy Phone Number Description Pharmacy Phone Number Description Pharmacy Service Type Pharmacy Service Type Description Pharmacy Service Type Description D
DESCRIPTION OF ISSUE
Pharmacy will not accept my LI NET 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 have drug coverage with a plan other than LI NET (Coordination of Insurance Co: Insurance 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 daim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act. PLEASE SIGN FORM:
Manahay Circustura V
Member Signature X Date/

Discrimination is Against the Law

Medicare's Limited Income NET Program complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Medicare's Limited Income NET Program does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Medicare's Limited Income NET Program provides:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-800-783-1307 or if you use a TTY, call 711.

If you believe that Medicare's Limited Income NET Program has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances P.O. Box 14618 Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-800-783-1307 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-783-1307 **(TTY: 711)**.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-783-1307 **(TTY: 711)**.

繁體中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-783-1307 (**TTY: 711**)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-783-1307 **(TTY: 711)**.

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-783-1307 (TTY: 711) 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-783-1307 **(TTY: 711)**.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-783-1307 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-783-1307 **(TTY: 711)**.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-783-1307 (ATS:711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-783-1307 **(TTY: 711)**.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-783-1307 **(TTY: 711)**.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-783-1307 **(TTY: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-783-1307 **(TTY: 711)**.

日本語 (Japanese): 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。 1-800-783-1307 (TTY:711) まで、お電話にてご連絡ください。

:(Farsi) فارسى

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (**TTY: 711)** تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníti'go Diné Bizaad, saad bee áká'ánída'áwo'dę́ę', t'áá jiik'eh, éí ná hólǫ́, kojį' hódíílnih $_{1-800-783-1307}$ (TTY: 711).

(Arabic): العربية

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1307-783-800-1. (هاتف الصُم: 711).