

## 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. **You will have 36 months from the date the prescription is filled to submit your claim.** 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 / Medicaid plan.

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) AND proof of payment. 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** or Fax to: **866-754-5362**  
**P.O. Box 14140**  
**Lexington, KY 40512-4140**

## PART 1: MEMBER INFORMATION

Humana ID Number (claim cannot be processed without this)										Date of Birth (mm/dd/yyyy)										<b>Patient Residence:</b> <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Group Home <input type="checkbox"/> Intermediate Care <input type="checkbox"/> Hospice		
<input type="text"/>										<input type="text"/>												
Member Last Name										First Name												MI
<input type="text"/>										<input type="text"/>												<input type="text"/>
Gender										Relationship												
<input type="checkbox"/> Male <input type="checkbox"/> Female										<input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other												
Member Street Address																						
<input type="text"/>																						
City										State		ZIP Code				Member Telephone						
<input type="text"/>										<input type="text"/>		<input type="text"/>				<input type="text"/>						

## PART 2: RECEIPT INFORMATION

Ensure your receipt includes the following information:

- |   |  |
|---|--|
| <input type="checkbox"/> Date Filled              | <input type="checkbox"/> Quantity  |
| <input type="checkbox"/> Medication Name          | <input type="checkbox"/> Day (s) Supply  |
| <input type="checkbox"/> Rx Number                | <input type="checkbox"/> Rx Price (amount you paid including tax)                                      |
| <input type="checkbox"/> National Drug Code (NDC) | <input type="checkbox"/> Physician Name  |
| <input type="checkbox"/> Medication Strength      | <input type="checkbox"/> Physician ID (NPI or DEA#)  |
| <input type="checkbox"/> Dosage Form              | <input type="checkbox"/> If drug is a compound, list the NDCs for all ingredients and quantity of each |

### PART 3: PHARMACY INFORMATION

Pharmacy ID (NABP or NPI#)

[illegible][illegible][illegible]

City	State	ZIP Code	Pharmacy Telephone
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[illegible]

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Pharmacy Service Type: ☐ Retail ☐ Compounding ☐ Home Infusion ☐ Institutional  
☐ Long Term Care ☐ Managed Care Organization ☐ Mail Order ☐ Specialty

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:

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## 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 Gold Plus Integrated H0336-001 (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

**Call if you need us**

You can get this document for free in Spanish, or speak with someone about this information in other languages for free. Call **Customer Care** at 1-800-787-3311 (TTY: 711). We're available Monday - Friday, from 8 a.m. – 8 p.m. Central time. The call is free.

Puede obtener este documento en español o hablar con alguien sobre esta información en otros idiomas gratuitamente. Llame al 1-800-787-3311. Nuestro horario de atención es de 8 a.m. a 8 p.m. tiempo central, de lunes a viernes. La llamada es gratuita.

## **Discrimination is Against the Law**

**Humana Inc.** and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Humana Inc.** and its subsidiaries provide:

- 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 1-800-787-3311, or if you use a TTY, call 711.

If you believe that **Humana Inc.** and its subsidiaries have 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 1-800-787-3311 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 **1-800-787-3311 (TTY: 711)**.

**Español (Spanish): ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-787-3311 (TTY: 711)**.

**Polski (Polish): UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-787-3311 (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 **1-800-787-3311 (TTY: 711)**。

**한국어 (Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-787-3311 (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 **1-800-787-3311 (TTY: 711)**.

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-787-3311 (телетайп: 711)**.

**ગુજરાતી (Gujarati): સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-787-3311 (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 **1-800-787-3311 (TTY: 711)**.

**Italiano (Italian): ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-787-3311 (TTY: 711)**.

**Français (French): ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-787-3311 (ATS: 711)**.

**λληνικά (Greek): ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-787-3311 (TTY: 711)**.

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-787-3311 (TTY: 711)**.

**Diné Bizaad (Navajo): Díí baa akó nínízin:** Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, koji' hódíílnih **1-800-787-3311 (TTY: 711)**.

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-787-3311 (رقم هاتف الصم والبكم: 711)**.

**हिंदी (Hindi): ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-787-3311 (TTY: 711)** पर कॉल करें।

**وُذْرَا (Urdu):**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-787-3311 (TTY: 711)**۔