

## 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 receipt (s) within the filing period specified by your Humana plan. **You will have 12 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 performed outside the United States are not payable under the Medicaid plan.

3. Please submit a separate form for each family member and pharmacy from which you paid for your medications.

### Part 2: Receipt Information

1. Include all pharmacy receipt(s) AND **proof of payment**. Tape receipt (s) 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

1. 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 attached 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)				Patient Residence: <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 style="width: 100%; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>				<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>					
Member Last Name				First Name			MI		
<input style="width: 100%; height: 20px;" type="text"/>				<input style="width: 100%; height: 20px;" type="text"/>			<input style="width: 20px; height: 20px;" 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 style="width: 100%; height: 20px;" type="text"/>									
City				State		ZIP Code		Member Telephone	
<input style="width: 100%; height: 20px;" type="text"/>				<input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/> ( <input style="width: 20px; height: 20px;" type="text"/> ) <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" 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 |

DISPENSE AS WRITTEN (DAW):

- 0 - Not applicable
- 1- Doctor requires brand product be dispensed
- 2- Patient requires 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

Long Term Care  Managed Care Organization  Mail Order  Specialty

Description of Issue:

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

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  \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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Humana Medical Plan is a Managed Care Plan with a Florida Medicaid contract.

**Call if you need us**

If you have any questions, please call us at 1-800-477-6931 (TTY: 711). We’re available Monday – Friday, from 8 a.m. – 8 p.m. Eastern Time. However, please note that our automated phone system may answer your call after hours, during weekends, and holidays. Please leave your name and telephone number, and we’ll call you back by the end of the next business day. Visit Humana.com for 24 hour access to information like claims history, eligibility, and Humana’s drug list. There you can also use the physician finder and get health news and information.

This information is available for free in other languages and formats. Please contact our Customer Service number at 1-800-477-6931. If you use TTY, call 711, Monday – Friday, 8 a.m. to 8 p.m.

Esta información está disponible gratuitamente en otros idiomas y formatos. Comuníquese con nuestro Servicio al Cliente llamando al 1-800-477-6931. Si usa un TTY, marque 711. El horario de atención es de lunes a viernes de 8 a.m. a 8 p.m.

Enfòmasyon sa a disponib gratis nan lòt lang ak fòm. Tanpri kontakte nimewo Sèvis Kliyan nou an nan 1-800-477-6931. Si ou itilize TTY, rele 711, Lendi - Vandredi, 8 a.m. a 8 p.m.

Ces informations sont disponibles gratuitement dans d'autres langues et formats. N'hésitez pas à contacter notre service client au 1-800-477-6931. Si vous utilisez un appareil de télétype (TTY), appelez le 711 du lundi au vendredi, de 8h00 à 20h00.

Queste informazioni sono disponibili gratuitamente in altre lingue e formati. La preghiamo di contattare il servizio clienti al numero 1-800-477-6931. Se utilizza una telescrivente (TTY), chiami il numero 711 dal lunedì al venerdì tra le 8 e le 20:00.

Данную информацию можно получить бесплатно на других языках и в форматах. Для этого обратитесь в отдел обслуживания клиентов по номеру 1-800-477-6931. Если Вы пользователь ТТУ, звоните по номеру 711 с понедельника по пятницу, с 8.00 до 20.00.

## **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 aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at 1-800-477-6931 [TTY 711].

If you believe that Humana Inc. or 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

1-800-477-6931 or if you use a TTY, call 711.

You can file a grievance by mail or phone. If you need help filing a grievance, Customer Service is available to help you.

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 1-800-477-6931 (TTY : 711) .

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-477-6931 (TTY : 711).

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-477-6931 (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 1-800-477-6931 (TTY : 711).

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-477-6931 (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 1-800-477-6931 (TTY : 711)。

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-477-6931(ATS : 711).

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-477-6931(TTY : 711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-477-6931(телетайп: 711).

## العربية (Arabic):

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-477-6931 (رقم هاتف الصم والبك: 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-477-6931(TTY: 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-477-6931(TTY: 711).

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-477-6931(TTY: 711) 번으로 전화해 주십시오.

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-477-6931(TTY: 711).

**ગુજરાતી (Gujarati):** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-477-6931 (TTY: 711).

**ภาษาไทย (Thai):** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-477-6931 (TTY: 711).

**Diné Bizaad (Navajo):** Díí baa akó nínízin: Díí saad bee yánílti'go **Diné Bizaad**, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíilnih 1-800-477-6931(TTY: 711).