

Prescription Drug Claim Form for Member Reimbursement

Physician Information

<u>Physician Name:</u>	<u>Physician NCPDP or NPI:</u>	<u>Physician Tax ID:</u>
<u>Street Address:</u>	<u>Phone Number:</u>	
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>

Section 3: Prescription Drug Information

Section 3 Instructions:

1. Fill out the space below completely for **EACH** requested medication. If any information is missing, we will be unable to process your request. Your pharmacy can provide any information you are missing;
2. Include pharmacy receipt(s) **AND** proof of payment. Tape receipts to a separate page and submit with claims form. If medication was given in the emergency room or doctor's office include detailed statement.

Note: Services incurred outside the United States are not payable under Medicare plans.

<u>Is this a compound medication?</u>		No	Yes
<i>If yes, please attach compound form from pharmacy if available</i>			
<u>Was this prescription filled outside the US?</u>		No	Yes
<u>Is this a vaccine?</u>		<i>If yes:</i>	
No	Yes	Vaccine Cost: \$ _____	Admin Fee: \$ _____
<u>National Drug Code (NDC)</u>	<u>Drug Name:</u>	<u>Total Cost:</u>	
		\$ _____	
<u>Fill Date (mm/dd/yyyy):</u>	<u>Rx Number:</u>	<u>Qty:</u>	<u>Day Supply:</u>
<u>Dosage Form</u>	<u>Strength:</u>	<u>Dispense as Written Code (if applicable):</u>	

<u>Is this a compound medication?</u>		No	Yes
<i>If yes, please attach compound form from pharmacy if available</i>			
<u>Was this prescription filled outside the US?</u>		No	Yes
<u>Is this a vaccine?</u>		<i>If yes:</i>	
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<u>National Drug Code (NDC)</u>	<u>Drug Name:</u>	<u>Total Cost:</u>	
		\$ _____	
<u>Fill Date (mm/dd/yyyy):</u>	<u>Rx Number:</u>	<u>Qty:</u>	<u>Day Supply:</u>
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<u>Dosage Form</u>	<u>Strength:</u>	<u>Dispense as Written Code (if applicable):</u>	

If additional space is needed, you may access a blank drug information form from our website at: <https://www.humana.com/pharmacy/prescription-coverages/medicare-claim-forms>

Section 4: Reason for Request

Pharmacy will not accept my Humana Plan
 I did not have my plan information at the time of purchase
 I was charged for medications received during an ER visit
 I believe the claim was paid incorrectly
 I received a medication while on a cruise
(Cruise itinerary must be included with request)

I received a Part D covered vaccine in my doctor's office
 I filled my medication during a natural disaster or state of emergency
 Other: _____

Please further 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.

Section 5: Sign and Return

NOTE: If this form is signed by anyone other than the member, additional documentation is required authorizing that representative. This may include an Appointment of Representative (AOR) form or statement, a Power of Attorney (POA), or other legal documentation. An AOR form is available at <https://www.humana.com/member/documents-and-forms> for your convenience.

Member Signature: _____ Date: _____

Return the completed **form** and **receipt(s)**:

Mail: Humana Pharmacy Solutions

P.O. Box 14140

Lexington, KY 40512-4140

Fax: 1-866-754-5362

Please note that your reimbursement amount may vary. This will depend on the difference between the amount you paid at the pharmacy, and Humana's plan allowance or the rate negotiated with the pharmacy for that drug. Please be aware this means you might not receive the full amount back. If the amount you paid to the pharmacy is higher than the plan allowance, then the reimbursement will be less than what you actually paid for the drug. For more information, you can review Humana's full DMR policy in the Pharmacy coverage policies section of www.humana.com/pharmacy/prescription-coverages/medicare-drug-list.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-877-320-1235** 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 their Complaint Portal, available at <https://ocrportal.hhs.gov/ocrportal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana 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.

Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá' jiik'éh saad bee áká'ánída'áwo'déé' níká'adoowoł.

العربية (Arabic)

GCHJV5REN 0220

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك