

Additional Drug Information

Instructions:

1. This form must be submitted with a completed Prescription Drug Claim Form for Member Reimbursement;
2. Fill out the space below completely for EACH additional requested medication. If any information is missing, we will be unable to process your request. Your pharmacy can provide any information you are missing;
3. Include pharmacy receipt(s) AND proof of payment. Tape receipts to a separate page and submit with claim 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> <input type="radio"/> No <input type="radio"/> Yes <i>If yes, please attach compound form from pharmacy if available</i>			
<u>Was this prescription filled outside the US?</u> <input type="radio"/> No <input type="radio"/> Yes			
<u>Is this a vaccine?</u> <input type="radio"/> No <input type="radio"/> Yes		<i>If yes:</i> 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> <input type="radio"/> No <input type="radio"/> Yes <i>If yes, please attach compound form from pharmacy if available</i>			
<u>Was this prescription filled outside the US?</u> <input type="radio"/> No <input type="radio"/> Yes			
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<u>Dosage Form</u>	<u>Strength:</u>	<u>Dispense as Written Code (if applicable):</u>	

<u>Is this a compound medication?</u> <input type="radio"/> No <input type="radio"/> Yes <i>If yes, please attach compound form from pharmacy if available</i>			
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