

Pharmacy/Prescription Information

- Use a **separate claim form** for each patient. All information provided on or attached to this claim form must be for the same patient.
- Tape or glue pharmacy receipts in the spaces provided. When you tape or glue your receipts, it is not necessary for the receipts to fit exactly within the spaces provided. If the taped or glued receipts overlap each other, be sure that all information on each receipt is readable. Each receipt must show:

- Patient Name
- Pharmacy Name/Address
- Total Charge
- Drug Name and NDC Number
- NPI Number
- Quantity
- Fill Date
- Rx Number
- Days Supply

If any of your receipts do not have **required** information, ask your pharmacist to provide you with the missing information.

Write that information on your receipt(s). If not completed, the claim will be sent back for the required information.

- Call the customer service number on your ID card if you have any questions.
- Have your pharmacist call 800.821.4795 if he/she has any questions.
- Send completed form to:

Prime Therapeutics
P.O. Box 14624
Lexington, KY 40512-4624

Rx 1	Rx 2																												
<p>EXAMPLE of how to complete the Prescription Drug Claim Form.</p> <p>1 RX Number <input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="6"/><input type="text" value="0"/><input type="text" value="1"/><input type="text" value="1"/><input type="text" value="4"/><input type="text" value="8"/><input type="text" value="1"/></p> <p>Date Filled <input type="text" value="0"/><input type="text" value="1"/> / <input type="text" value="1"/><input type="text" value="2"/> / <input type="text" value="0"/><input type="text" value="5"/></p> <p>Quantity <input type="text" value="30"/> Day Supply <input type="text" value="3"/><input type="text" value="0"/></p> <p>Name of Medication <u>"Drug Name"</u></p> <p>NDC Number <input type="text" value="0"/><input type="text" value="0"/><input type="text" value="1"/><input type="text" value="2"/><input type="text" value="3"/><input type="text" value="4"/><input type="text" value="5"/><input type="text" value="6"/><input type="text" value="7"/><input type="text" value="3"/><input type="text" value="1"/> <small>(Your pharmacist can provide the NDC number identifying the drug.)</small></p> <p>NPI Number <input type="text" value="9"/><input type="text" value="2"/><input type="text" value="1"/><input type="text" value="5"/><input type="text" value="2"/><input type="text" value="4"/><input type="text" value="1"/><input type="text" value="1"/><input type="text" value="6"/><input type="text" value="3"/></p> <p>Prescription Cost \$ <input type="text" value="2"/><input type="text" value="0"/><input type="text" value="5"/> . <input type="text" value="1"/><input type="text" value="4"/></p> <p>Balance Due \$ <input type="text" value="2"/><input type="text" value="0"/><input type="text" value="5"/> . <input type="text" value="1"/><input type="text" value="4"/></p>	<p>Is this prescription claim for a compound medication? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: If yes, make sure your pharmacist completes the information below.</p> <p>Compound Information: If a compound prescription, please enter all information per drug used.</p> <p style="text-align: center;">Compound Prescriptions For pharmacy use only</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">NDC Number</th> <th style="width: 45%;">Drug Ingredient</th> <th style="width: 15%;">Quantity</th> <th style="width: 25%;">Charge</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	NDC Number	Drug Ingredient	Quantity	Charge																								
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