



An independent licensee of the Blue Cross and Blue Shield Association

# Medicare Part D Drug Claim Form

Please complete each section of this form.

**Questions about completing this form?** Call the customer service number on the back of your ID card:

8 a.m. – 8 p.m., local time, 7 days a week

**Mail your completed claim form(s) and original, detailed pharmacy receipts to:**

Blue Medicare HMO/PPO/Rx (PDP)  
PO Box 17509  
Winston-Salem, NC 27116-7509

## MEMBER INFORMATION

First name			
Last name			
Date of birth	__ / __ / ____		
Identification #	_____		
Street address	_____		
City	_____		
State		Zip	

**Your identification (ID) number is listed on your member ID card.**

## PHARMACY INFORMATION

Name			
Street address	_____		
City		State	Zip

## OTHER HEALTH INSURANCE INFORMATION

If you have other pharmacy benefit insurance (i.e., auto) that covers this drug, please send copies of:

1. Both sides of your other health insurance card
2. The Explanation of Benefits (EOB) page that shows the amount paid, or the reason why coverage was denied.

## WHY ARE YOU SENDING THIS CLAIM?

Please check any of the reasons shown below, or write your own reason.

- I became sick or ran out of my medicine while traveling outside of my plan's service area (but still within the U.S.).
- I couldn't get a covered drug when I needed it because I couldn't find a 24-hour network pharmacy near me.
- The covered drug I needed is not usually stocked at a network retail (local) or home delivery pharmacy service.
- I couldn't use a network pharmacy because I was evacuated or displaced due to a federally-declared disaster or health emergency.
- I couldn't choose a network pharmacy because I received the covered drug while in an ER department, medical clinic, or other outpatient setting (i.e., same-day surgery).
- Other (explain)

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## INSTRUCTIONS FOR COMPLETING THIS FORM

- **2016 Part D payment rules say that your doctor must:**
  - Have a valid 10-digit National Provider Identifier (NPI) number, *and*
  - Accept Medicare claims, *or*
  - Have filed forms to show he or she has asked for Medicare’s approval to write prescriptions.
- **Use one claim form for each member and each pharmacy.**  
(i.e., one member + two pharmacies = two forms. If two members each use two pharmacies = four forms)
- **If you need more claim forms, visit MyPrime.com, or call the member service number shown on your ID card.**
- **Do not use this form to submit charges for durable medical equipment**  
(i.e., blood glucose meter or test strips).
- **Original, detailed pharmacy receipts are required. Not accepted: canceled checks or receipts that only show the amount paid.**
- **Before you send in your claim(s), be sure to make a copy of all forms and receipts.**

## DRUG CLAIM INFORMATION

Original pharmacy receipts are required. Please do not staple them to this form.

Receipts must show:

- |  |   |                                    |                                       |  |
|--|---|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Pharmacy name | <input type="checkbox"/> Drug name      | <input type="checkbox"/> Quantity  | <input type="checkbox"/> NDC number   | <input type="checkbox"/> NPI number          |
| <input type="checkbox"/> Strength      | <input type="checkbox"/> Date purchased | <input type="checkbox"/> Drug cost | <input type="checkbox"/> Days’ supply | <input type="checkbox"/> Prescription number |

All the fields below must be completed in order to process your claim. If you need help finding the information, please ask your pharmacist.

## CLAIM FORM

### Example form

Rx number	0 0 0 0 0 6 0 1 1 4 8 1			<p>Your pharmacist can give you the national drug code (NDC) and your doctor’s national provider identifier (NPI) numbers.</p> <p><b>National Drug Code</b></p> <p><b>National Provider Identifier</b></p>
Date filled	1 0 / 0 1 / 2 0 1 6			
Quantity	60	Days’ supply	30	
Drug name	Name of Drug			
NDC number	0 0 1 8 6 5 0 2 2 2 8			
NPI number	9 2 1 5 2 4 1 1 6 3			
Total cost of drug	\$146.04	Amount you paid	\$36.57	

### Claim 1

Rx number	_____			<p>Your pharmacist can give you the national drug code (NDC) and your doctor’s national provider identifier (NPI) numbers.</p> <p><b>National Drug Code</b></p> <p><b>National Provider Identifier</b></p>
Date filled	___ / ___ / ___			
Quantity		Days’ supply		
Drug name				
NDC number	_____			
NPI number	_____			
Total cost of drug		Amount you paid		

## Claim 2

Rx number	_____	<i>Your pharmacist can give you the national drug code (NDC) and your doctor's national provider identifier (NPI) numbers.</i> <b>National Drug Code</b> <b>National Provider Identifier</b>
Date filled	___/___/___	
Quantity	_____ Days' supply	
Drug name	_____	
NDC number	_____	
NPI number	_____	
Total cost of drug	_____ Amount you paid	

## COMPOUND DRUG INFORMATION

A compound drug is made of two or more drugs that are combined. If you are taking a compound drug, your pharmacist needs to enter the NDC numbers for all the ingredients used.

NDC number	Drug ingredient	Quantity	Cost

## MEMBER CERTIFICATION

Your signature below certifies that:

- The information on this form is correct
- The member named above is eligible for pharmacy benefits
- The member named above received the drug(s) listed
- These benefits have not been assigned; any further assignment is void
- I give my permission to share the details of this form with Prime Therapeutics LLC

Member or legal representative signature \_\_\_\_\_

Date \_\_\_\_\_

## OTHER RESOURCES



**1-800-MEDICARE (1-800-633-4227)**

TTY/TDD: 1-877-486-2048

Calls answered 24 hours/day,  
7 days/week, except on federal holidays.



**Health Care Insurance Fraud Hotline:**

1-800-706-4071

TTY/TDD 1-800-693-3816

Monday through Friday, 8 a.m. to 5 p.m. CT.

It is a crime to knowingly give false information or submit a fraudulent claim to get paid for a benefit. It is a crime to give false information on an insurance application. If convicted, the person may have to do any or all of the following: pay the money back, pay a fine, and/or serve time in prison.

Fraud increases the cost of health care for all of us. If you know of (or suspect) any type of health insurance fraud, please call one of the hotline numbers listed above. You don't need to give your name; all calls are confidential.

**DISCLAIMER**

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Blue Cross and Blue Shield of North Carolina is a HMO/PPO/PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

**Blue Medicare HMO<sup>SM</sup>**  
**Blue Medicare PPO<sup>SM</sup>**  
**Blue Medicare Rx<sup>SM</sup> (PDP)**

**Multi-language Interpreter Services**

- English:** ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call the Customer Services number on the back of your member ID card.
- Spanish:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio de Atención al Cliente al número que figura al dorso de su tarjeta de identificación.
- Chinese:** 注意：如果您講廣東話或普通話，您可以免費獲得語言援助服務。請撥打您會員 ID 卡背面的客服部電話號碼。
- Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Dịch vụ khách hàng trên mặt sau thẻ thành viên ID của bạn.
- Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 가입자 ID 카드 뒷면에 있는 고객 서비스 전화번호로 전화해 주십시오.
- French :** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Téléphonnez le Service clients au numéro qui figure au dos de votre carte de membre.
- Arabic:** ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم خدمة العملاء الموضح على ظهر بطاقة هوية العضو الخاصة بك.
- Hmong :** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau tus nab npawb xovtooj ntawm Lub Chaw Pab Cuam Tswv Cuab uas nyob sab tom qab koj daim npav tswv cuab ID.
- Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Позвоните в Отдел обслуживания по номеру, указанному на оборотной стороне вашей карточки участника.
- Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero ng Serbisyo sa Kostumer sa likod ng Id kard ng miyembro.
- Gujarati:** સૂચના: જો તમે ગુજરાતી બોલતા હોવ તો તમારા માટે ભાષા સેવાઓ નિ:શુલ્ક ઉપલબ્ધ છે. તમારા સભ્યપદ ઓળખપત્રની (આઈ.ડી) પાછળની બાજુ પર આપેલ ગ્રાહક સેવાઓના નંબર પર કોલ કરો.
- Khmer:** ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមហៅទៅកាន់សេវាអតិថិជនដោយប្រើលេខទូរស័ព្ទនៅខាងខ្នងកាតសមាជិករបស់លោកអ្នក។
- German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die Nummer des Kundenservice an, die auf der Rückseite Ihrer Mitglieds-ID-Karte angegeben ist.
- Hindi:** ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। अपने सदस्य आईडी कार्ड के पीछे मौजूद ग्राहक सेवाएं नंबर पर कॉल करें।

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**Blue Medicare HMO<sup>SM</sup>**  
**Blue Medicare PPO<sup>SM</sup>**  
**Blue Medicare Rx<sup>SM</sup> (PDP)**

Multi-language Interpreter Services

- Lao:** ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີໃຫ້ທ່ານ. ໃຫ້ໂທຫາຂອງຝ່າຍບໍລິການລູກຄ້າຕາມເບີຢູ່ດ້ານຫຼັງບັດຂອງທ່ານ.
- Japanese:** 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。メンバーIDカードの裏面のカスタマーサービス番号にお電話ください。

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**BlueMedicare HMO<sup>SM</sup>**  
**BlueMedicare PPO<sup>SM</sup>**  
**BlueMedicare Rx<sup>SM</sup> (PDP)**

## Non-Discrimination and Accessibility Notice

### **Discrimination is Against the Law**

- Blue Cross and Blue Shield of North Carolina (“BCBSNC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- BCBSNC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

#### BCBSNC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified interpreters
  - Written information in other formats (large print, accessible electronic formats, etc.)
- Provides 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 by calling the number on the back of your ID card.
- If you believe that BCBSNC has 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:
  - BCBSNC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office, Telephone 919-765-1663, Fax 919-287-5613, TTY 1-888-291-1783  
[civilrightscoordinator@bcbsnc.com](mailto:civilrightscoordinator@bcbsnc.com)
- You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office 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, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- This Notice and/or attachments may have important information about your application or coverage through BCBSNC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Customer Service at the number on the back of your ID card.

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