



# Instructions

1. Please complete a separate claim form for each patient and each pharmacy. Each claim form must be signed.
  2. If this is a compound claim, enter the National Drug Code (NDC), metric quantity and cost of each individual ingredient in the compound in the boxes provided on the form. You may print more copies of this form to complete all compound information or if you have multiple dates of fill.
  3. **When you have completed this form, please include your itemized receipts from the pharmacy. A pharmacist's signature is required on all handwritten receipts. We recommend you keep copies for your records.**
  4. **You must answer the other health insurance questions in the Patient Information section on the front of this form and include an Explanation of Benefits or your claim will be returned.**
  5. Itemized receipts for covered prescriptions are required and must include the following:
    - Pharmacy NABP or NPI number or the current name and complete address of pharmacy
    - Full name of the patient
    - Date filled
    - Name of drug, strength (e.g., 500 mg) and dosage form (e.g., capsules, liquid or cream)
    - Prescription number
    - Quantity
    - Cost for each prescription
- \*Note\*** If a receipt is altered your claim will be returned.
6. **“Day Supply” must be included on the claim form or the itemized receipts**
  7. Only claims for prescriptions purchased from a retail pharmacy are to be sent to the address on the front. Claims for all other services should be sent to your local Blue Cross/Blue Shield Plan using a Federal Employee Program Health Benefits Claim Form. Example of claims sent to your local Blue Cross and/or Blue Shield Plan includes:
    - Drugs dispensed by a physician or clinic, hospital, including allergy sera
    - Home health care medications
    - Durable medical equipment or supplies
    - Eye Drops formulated with patient's blood serum - autologous
  8. Claims must be submitted promptly but, in any case, no later than December 31 of the calendar year following the year in which the drug was purchased.

**Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine or not more than \$10,000 or imprisonment of not more than 5 years, or both, (18 U.S.C. 1001).**

Prescription drug benefits under the Service Benefit Plan are subject to the terms, limitations and exclusions stated in the Service Benefit Plan brochure including “If the provider waives your share” in the Cost Share Section. The billed charge must be no more than the pharmacy's normal retail charge.