

Preferred Drug Step Therapy (PDST) Prescription Drug Reimbursement Form

See the back for instructions. Complete all information.
An incomplete form may delay your reimbursement.



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Member/Subscriber Information *See your prescription drug ID card.*

Group No.

Member ID

Member Name (First, Last) _____

Street Address _____

City

Patient Information

Patient Name (First, Last) _____

Patient Date of Birth (Month/Day/Year)

Sex	<i>Relationship to Plan Member</i>	
<input type="checkbox"/> Female	<input type="checkbox"/> 1 Self	<input type="checkbox"/> 5 Disabled Dependent
<input type="checkbox"/> Male	<input type="checkbox"/> 2 Spouse	<input type="checkbox"/> 6 Dependent Parent
	<input type="checkbox"/> 3 Eligible Child	<input type="checkbox"/> 7 Nonspouse Partner
	<input type="checkbox"/> 4 Dependent Student	<input type="checkbox"/> 8 Other

Pharmacy Information

Name of Pharmacy _____

Street Address _____

City

State Zip

Telephone (include area code)

Is this an on-site nursing home pharmacy? Yes No

Claim Receipts

Tape receipts or itemized bills on the back.

See back for details.

Check the box below if any receipts or bills are for a:

Medication purchased outside of the United States

Please indicate:

Country _____

Currency used _____

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines and/or imprisonment, or denial of benefits.*

Please tape receipts on the back.

Acknowledgment

I certify that the medication(s) described above was received for use by the patient listed above, and that I (or the patient, if not myself) am eligible for prescription drug benefits. I also certify that the medication received was not for an on-the-job injury. I recognize that reimbursement will be paid directly to me, and that assignment of these benefits to a pharmacy or any other party is void.

Signature of Member

Claim Receipts

Please tape your receipts here. **Do not staple!** If you have additional receipts, tape them on a separate piece of paper.

Tape receipt for prescription 1 here.

Receipts must contain the following information:

- Date prescription filled
- Name and address of pharmacy
- Doctor name or ID number
- NDC number (drug number)
- Name of drug and strength
- Quantity and days' supply
- Prescription number (Rx number)
- DAW (Dispense As Written)
- Amount paid

Tape receipt for prescription 2 here.

Receipts must contain the following information:

- Date prescription filled
- Name and address of pharmacy
- Doctor name or ID number
- NDC number (drug number)
- Name of drug and strength
- Quantity and days' supply
- Prescription number (Rx number)
- DAW (Dispense As Written)
- Amount paid

Direct Reimbursement Claim Instructions

Read carefully before completing this form.

1. **Be sure your receipts are complete.**
In order for your request to be processed, all receipts must contain the information listed above. Your pharmacist can provide the necessary information if your claim or bill is not itemized.
2. The plan member should read the acknowledgment carefully, then sign and date this form.
3. Return the completed form and receipt(s) to:

Medco
P.O. Box 14711
Lexington, KY 40512

* **California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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