



**Pharmacy/Prescription Information**

1. Use a **separate claim form** for each patient. All information provided on or attached to this claim form must be for the same patient.
2. 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 Address
- Total Charge
- Drug Name and NDC#
- Days Supply
- Quantity
- Fill Date
- Rx#
- Pharmacy Name

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.

3. Call the customer service number on your ID card if you have any questions.
4. Have your pharmacist call 1.800.821.4795 if he/she has any questions.
5. Send completed form to:

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

<p style="text-align: center;"><b>EXAMPLE</b></p> <p style="text-align: center;">of how to complete the Prescription Drug Claim Form.</p> <p><b>1</b> Rx Number <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 <u>30</u> 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>Prescription Cost \$ <input type="text" value=""/><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=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/> . <input type="text" value=""/><input type="text" value=""/></p>	<b>Rx 1</b>
<b>Pharmacy Receipts Only</b>	<p>Tape or glue one pharmacy receipt in this space. If you prefer, staple your receipts to the top of this form.</p> <p>Keep a copy of your receipt(s) for your records.</p>
<b>Rx 2</b>	<b>Rx 3</b>
<p><b>Pharmacy Receipts Only</b></p> <p>Tape or glue one pharmacy receipt in this space. If you prefer, staple your receipts to the top of this form.</p> <p>Keep a copy of your receipt(s) for your records.</p>	<p><b>Pharmacy Receipts Only</b></p> <p>Tape or glue one pharmacy receipt in this space. If you prefer, staple your receipts to the top of this form.</p> <p>Keep a copy of your receipt(s) for your records.</p>

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