

Prime Therapeutics

# Medicare Drug Claim Form

Please complete each section of this form.

## Questions about completing this form?

Call 1-855-457-0006 TTY: 711  
24 hours a day, 7 days a week

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

Braven Health  
P.O. Box 20970  
Lehigh Valley, PA 18002-0970

### MEMBER INFORMATION

First name	.....
Last name	.....
Date of birth	__ / __ / ____
Identification #	-----
Phone #	.....
Street Address	.....
City	.....
State	..... Zip

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

### PHARMACY/CLINIC/HOSPITAL INFORMATION

Name	.....
Phone #	.....
Federal Tax ID	--- .....
Street Address	.....
City	.....
State	..... Zip

◀ The Federal Taxpayer Identification Number is a nine-digit number assigned to your pharmacy, clinic, or hospital that provided your drug.

### 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.

Please continue on next page

- 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)

**INSTRUCTIONS FOR COMPLETING THIS FORM**

- 2020 Medicare payment rules say that your doctor must:
  - a. Have a valid 10-digit National Provider Identifier (NPI) number, *and*
  - b. Accept Medicare claims, *or*
  - c. 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
- 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:

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

Claim 1

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	

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
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\* If you are not the member, the member's prescribing physician, or other prescriber, you must provide a signed Appointment of Representative Form (or equivalent notice) along with this request. For information on how to appoint a representative, please refer to your plan benefit materials or call the number on the back of your insurance card.

## 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:**

1-800-731-3269

TTY/TDD 1-888-967-7463

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

MyPrime is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, an independent company providing pharmacy benefit management services.

Products are provided by Healthier New Jersey Insurance Company, Inc. d/b/a Braven Health. Communications are issued by Horizon Healthcare Services, Inc. d/b/a Horizon BCBSNJ in its capacity as administrator of programs and provider relations for all of its companies. Both are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey. ©2020 Braven Health, Three Penn Plaza East, Newark, New Jersey 07105.

Braven Health complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations. Braven Health provides free aids and services to people with disabilities (e.g. qualified language interpreters and information in other formats) and to those whose primary language is not English (e.g. information in other languages) to communicate effectively with us.

**Contacting Member Services**

Call Member Services at **1-833-272-8360 (TTY 711)** or the phone number on the back of your member ID card, if you need the free aids and services noted above and for **all other Member Services issues**.

**Filing a Section 1557 Grievance**

If you believe that Braven Health has failed to provide the free communication aids and services or discriminated against you for one of the reasons described above, you can file a discrimination complaint also known as a Section 1557 Grievance. Braven Health's Civil Rights Coordinator can be reached by calling the Member Services number on the back of your member ID card or by writing to:

**Braven Health**  
**Civil Rights Coordinator**  
**PO Box 820**  
**Newark, NJ 07101**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at **U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201** or by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**. OCR Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

**Language assistance**

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-272-8360 (TTY 711)**.  
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-833-272-8360 (TTY 711)**。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

**1-833-272-8360 (TTY 711)** 번으로 전화해 주십시오.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-833-272-8360 (TTY 711)**.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન

કરો **1-833-272-8360 (TTY 711)**.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-833-272-8360 (TTY 711)**.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-833-272-8360 (TTY 711)**.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-833-272-8360** (رقم هاتف الصم والبكم 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-833-272-8360 (TTY 711)**.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-833-272-8360 (телетайп 711)**.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-833-272-8360 (TTY 711)**.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-833-272-8360 (TTY 711)** पर कॉल करें।

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-833-272-8360 (TTY 711)**.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-833-272-8360 (ATS 711)**.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-833-272-8360 (TTY 711)**.