

Other Insurance Coverage Information

Are you eligible for primary prescription drug coverage from another insurance company?

Yes

No

Other Insurance Company's Name:

Group Number:

Member ID Number:

Effective Date of Coverage:

Prescription Information

| # | Rx Number | NDC Number | Compound Y/N | Date Filled (mm/dd/yyyy) | Drug Name/Strength | Amount Paid | Quantity/Day Supply |
|---|-----------|------------|-----------------|-----------------------------|-----------------------|----------------|------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

Pharmacy Information

| # | Pharmacy Name | Pharmacy Phone Number | Pharmacy NPI Number |
|---|---------------|-----------------------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Prescriber Information

| # | Prescriber Name | NPI Number | Phone Number | State |
|---|-----------------|------------|--------------|-------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

REMINDER:

To avoid having to submit a paper claim

- ✓ Always have your prescription drug card at the time of purchase
- ✓ Always use pharmacies in your network
- ✓ Use medication covered under your formulary