



Reimbursement Form

Directions

1. This form must be completely filled out to process your claim(s)
2. Attach a copy of all prescription receipt(s) to the back of this form
3. Please submit within 3 years from the date the prescription was obtained
4. Prescription receipts should contain as much of the following information as possible;
 - a. Prescription number and date filled
 - b. Pharmacy name and telephone number
 - c. Drug name and strength
 - d. Quantity, day supply and amount paid
5. Mailed: OR Faxed:
Magellan Rx Management
P.O. Box 1167
Maryland Heights, MO 63043 **866-272-4092**
6. If you have any questions please contact us, Magellan Rx Management at **800-424-4437** (TTY users call 711). We are available 24 hours a day, 7 days a week.

Member Information

Member Full Name:	Member ID Number:
Mailing Address:	Phone Number:
City: State:	Zip:

You did not receive coverage at the pharmacy because:

- You have not received your ID Card
- The pharmacy is not in the Magellan Rx network
- The pharmacy cannot process the claim electronically
- It was an emergency - Please describe the emergency on a separate sheet
- The pharmacy or payer system was down
- You did not have your ID card and the pharmacy could not verify eligibility
- There were not any network pharmacies available where the prescription could be filled
- Other - Please describe on a separate sheet

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