MEC Prescription Drug Claim Form

Use this form to file claims for covered prescriptions which you paid I00 percent, for covered prescriptions you received without showing your ID card and for covered prescriptions you received from a non-participating pharmacy.

Date Submitted: _____

Number of Prescriptions Attached: _____

PART ONE: Member Information

Member Name: _____

Member Number: _____ Daytime Telephone Number: _____

Mailing Address: _____

PART TWO: Claimant Information *(Please use a separate form for each family member.)*

Claimant's Name: _____

Claimant's Date of Birth (MM/DD/YY): _____

Patient is: ☐ Male ☐ Female / ☐ Member ☐ Spouse ☐ Child

☐ Check if coverage was provided by another insurance company. If checked, attached Explanation of Benefits (EOB) from the other company.

The undersigned certifies that the prescription receipts attached herein were received by the undersigned for the member noted above, who is eligible for drug benefits, and that such prescriptions were not for an on-the-job Injury or covered under any other benefit plan. The undersigned authorizes release of any and all information to the plan administrator, underwriter, sponsor, policy holder, employer and their agents for use In connection with the benefit plan program. Information may also be used for other reporting and analysis purposes without identification of the undersigned or the member noted above. The undersigned further authorizes use of such person's member number for identification purposes and further recognizes that reimbursement will be paid directly to the member and assignment of these benefits to a pharmacy or other party is void.

_____

Signature of Patient, Guardian, or Legal Representative

PART THREE: Your prescription information - Please see reverse for helpful reminders.

Tape prescriptions or attach computer receipt for each prescription for which you are seeking reimbursement. ***NO STAPLES PLEASE.***

- If any of the prescriptions are compounds, ask your pharmacist to list all the ingredients and quantities on your receipt.
- Your receipts should also show the **National Drug Code (NDC) numbers** for your prescriptions.

Prescription Item #1 **TAPE OR AFFIX RX BAG RECEIPT** *NO STAPLES PLEASE*	**Prescription Item #2** **TAPE OR AFFIX RX BAG RECEIPT** *NO STAPLES PLEASE*
Prescription Item #3 **TAPE OR AFFIX RX BAG RECEIPT** *NO STAPLES PLEASE*	**Prescription Item #4** **TAPE OR AFFIX RX BAG RECEIPT** *NO STAPLES PLEASE*

Remember to always ask your doctor if a generic drug is right for your condition. If so, ask your doctor to allow your pharmacy to fill your prescriptions with generic drugs. Generic drugs contain the same ingredients as their brand-name counterparts. When you use generic drugs, you get the same quality as brand-name drugs - at a lower cost. If there is no generic available, ask your doctor if a preferred drug is available to treat your condition.

HELPFUL REMINDERS

- Always use participating network pharmacies to save more money. To find a network pharmacy, visit the Web site listed on your ID card and select the link for Caremark, the independent company your health plan has chosen to administer your pharmacy benefits. From the Caremark site, you can print a network pharmacy directory or use the pharmacy locator for the most up-to-date information. You can also call Caremark toll free at 1-888-963-7290.

- Show your ID card to the pharmacist before you receive your prescriptions.

- Complete Part One and Part Two of the prescription drug claim form and attach your prescription receipts.

- Keep a copy for your records.

- Use a separate form for each family member. Don't attach more than one family member's receipts to one claim form.

- Make sure your prescription receipts show:
  - the dates your prescriptions were filled;
  - the name and address of your pharmacy;
  - the name, strength, quantity, and days supply you received;
  - the National Drug Code (NDC) numbers for your prescriptions;
  - your prescription numbers; and
  - the amounts you paid for them.

- If you need help or have questions, call the Customer Service number printed on your ID card or in your health benefits booklet or policy. You can also visit the Web site indicated on your ID card for assistance.

- Mail your prescription drug claim form to:

PAI
Prescription Drug Claim Processing
P.O. Box 6702
Columbia, SC 29260-6702

SAVE MONEY WITH GENERICS!
If you want to lower your prescription drug costs, consider using generic drugs. Generic drugs are widely recognized as quality medications. You can expect the same clinical results as brand-name drugs at a lower cost. The color and shape of a generic drug may be different from its brand-name counterpart, but the active ingredients are the same for both. Generic drugs must meet the same U.S. Food and Drug Administration (FDA) quality standards as brand-name drugs. The next time your doctor writes you a prescription, ask if a generic is available to help you save money. When you take your prescription to the pharmacy, tell your pharmacist you would like a generic drug.