



**Planned Administrators
Incorporated**



AdvancePCSSM

www.paisc.com

Prescription Drug Claim Form

PART ONE: To Be Filled Out By You

Date Submitted: ____ / ____ / ____
MM / DD / YY

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MEMBER NUMBER

MEMBER NAME

STREET ADDRESS

CITY STATE ZIP

DAYTIME TELEPHONE

PATIENT'S NAME (FIRST AND LAST)

PATIENT'S DATE OF BIRTH (MM/DD/YY)

PATIENT IS: MALE FEMALE

MEMBER SPOUSE CHILD

STUDENT *A separate form must be submitted for each member.*

Check if coverage was provided by another insurance company. (Attach EOB)

The undersigned certifies that the medication described hereon was received by the undersigned for the party named below who is eligible for drug benefits, and that such medication is not for an on the job injury or covered under another benefit plan. The undersigned authorizes release of all information to the plan administrator, underwriter, sponsor, policy holder, employer and their agents for use in connection with the benefit plan programs. Information may also be used for other reporting and analysis purposes without identification of the undersigned or the undersigned's family members. The undersigned further authorizes use of such person's social security number for identification purposes and further recognizes that reimbursement will be paid directly to the participant and assignment of these benefits to a pharmacy or otherwise is void.

SIGNATURE OF PATIENT, GUARDIAN OR LEGAL REPRESENTATIVE

PART TWO: Pharmacy Information (Affix Computer Receipt For Each Prescription)

NUMBER OF PRESCRIPTIONS (Rx) ATTACHED: ____

PHARMACY NAME

ADDRESS

PHARMACY ACCOUNT NUMBER

CITY STATE ZIP

PHARMACY TELEPHONE

AUTHORIZATION CODE:

Rx1

TAPE COMPUTER RECEIPT: *NO STAPLES*
The receipts must contain the following information:
Date Prescription Filled
Name and Address of Pharmacy
NDC Number
Name of Drug and Strength
Quantity
Days Supply
Prescription (Rx) Number
Amount Paid

AUTHORIZATION CODE:

Rx2

TAPE COMPUTER RECEIPT: *NO STAPLES*

AUTHORIZATION CODE:

Rx3

TAPE COMPUTER RECEIPT: *NO STAPLES*

AUTHORIZATION CODE:

Rx4

TAPE COMPUTER RECEIPT: *NO STAPLES*

DIABETIC AND/OR OSTOMY SUPPLIES

Ask your pharmacist to submit these just like prescription items. You'll be able to enjoy discounts where applicable and all necessary information for processing will be on your receipt(s).

COMPOUNDS

If any of the above Rx's are compounds, ask your pharmacist to list all the ingredients and quantities.

HELPFUL HINTS

DO's

Go to a participating pharmacy.

Show your ID Card.

Use a separate form for each family member.

Completely fill out Part One of the claim form.

Ask your participating pharmacy to provide you with the authorization code for **EACH** prescription (Rx).

Attach drug receipt(s). The receipts must contain the following information:

- Date prescription filled
- Name and Address of Pharmacy
- NDC Number
- Name of Drug and Strength
- Quantity
- Days Supply
- Prescription (Rx) Number
- Amount Paid

DON'Ts

Don't forget to show your ID Card.

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

Don't forget to ask your participating pharmacy to provide you with the authorization code for **EACH** prescription (Rx).

Don't forget to attach drug receipt(s).

Don't send your physician bills to the Texas address.

If you have any questions about completing this form, call 1-888-963-7290.

**Mail your claim to:
Planned Administrators, Inc.
c/o AdvancePCS
P.O. Box 853901
Richardson, TX 75085-3901**
