

Prescription Drug Claim Form

*This claim form can be used to request reimbursement of covered expenses. This form encompasses standard reimbursement requests, as well as requests for Compound Claims. If your drug is not a compound, some of the requested fields may not be applicable. **Please allow up to two weeks for processing after we receive your claim.***

Please indicate the reason for your reimbursement request.

- I did not have my member ID card at the time of purchase.
- I was charged for medication(s) received during an urgent care/emergency visit.
- I was administered a Medicare Part D covered vaccine in my doctor's office.
- Primary coverage is with another insurance carrier. (Coordination of Benefits)
- Other: _____

Part 1: Member Information

1. Complete ALL information. Your ID Number can be located on the front of your member ID card.
2. Submit claims within the filing period specified by your Benefit plan. For questions about your filing period, please review your Member handbook or call the Customer Care number on your member ID card.
3. Please submit a separate form for each patient for whom you are submitting receipts.
4. Reimbursement will be made directly to the CARDHOLDER unless otherwise noted.

First Name	Last Name	MI
Telephone Number ()	Date of Birth	Gender (Circle One) Male Female
ID Number	Subscriber's Employer (PCN) MCD	
Mailing Address		
City	State	ZIP Code
Member Signature		Date Signed

Part 2: Pharmacy Information

1. Complete ALL information.
2. Please submit a separate form for each pharmacy from which you purchased medications.

Name		
Street Address		
City	State	ZIP Code
Pharmacy/or Provider of Service National Provider Number (NPI)		Telephone Number ()

Part 3: Receipt Information

1. Include Proof of Payment with the original pharmacy receipt(s) or pharmacy printout(s). Cash Register Receipt(s) without pharmacy detail will not be accepted. Tape all receipt(s) to the bottom of this page. Please DO NOT staple.
 - a. Compound medications must have at least 2 ingredients, and at least 1 ingredient must be a Federal legend (prescription) drug.
 - b. All active ingredients must be covered as part of your formulary and all prescription information must be submitted.
2. Receipt(s) must contain the information outlined under Part 4. If your receipt(s) are missing any of this information, please have your pharmacist fill in the missing information.
3. Please provide the explanation of benefits (EOB) or denial letter from the primary insurance carrier if you have primary coverage with another insurance carrier.
4. An incomplete form may be denied, delayed or returned.
5. Receipts will not be returned. Please remember to keep a copy of the completed claim form and receipt(s) for your records.

Part 4: Drug Information: *This information should be listed in your original pharmacy receipt, pharmacy printout, or Medical Invoice. If the receipt or invoice is missing any of this information, please ask your pharmacist/or Medical Provider to help fill in the missing details. If you are unable to obtain the information we will attempt to contact your pharmacy.*

Rx Written Date	Diagnosis Code and Description	Medication Name
Date Rx Filled	Final Form of Compound (cream, patches, suppository, suspension, etc.)	
Rx Number	Quantity	Day Supply

(continued on page 3)

National Drug Code	Total Volume (grams, ml, each, etc.)	
Prescriber First/Last Name		Prescriber NPI
Original Cost of Rx	Amount Primary Insurance Paid on Rx	Member Paid Amount

For Reimbursement of Compound Drug Preparation, see the table below.
Please indicate the time spent preparing the compound drug in the Receipt Information.

Time	Reimbursement
1 – 4 minutes	\$15.00
5 – 14 minutes	\$25.00
15 – 29 minutes	\$35.00
30 -59 minutes	\$50.00
60+ minutes	\$75.00

Compound Ingredients

	Ingredient Name	Ingredient NDC	Metric Decimal Quantity	AWP/WAC (Ingredient Cost)
1				
2				
3				
4				
			Total Ingredient Cost	
			Preparation Time	
			Member Copay	

Reimburse (Circle One)	
Pharmacy	Member

Mail this form along with receipts to:

Navitus Health Solutions, LLC
PO BOX 999
Appleton, WI 54912-0999

Or Fax this form along with receipt to:

Toll Free 1-855-668-8550

Questions?

Call EOCCO Pharmacy Customer service at 888-474-8539

You can get this form in a different format. You can ask for another language, large print, a computer disk, audio tape, spoken presentation or Braille. Please call EOCCO Customer Service at 1-888-788-9821. TTY users, please dial 711.

Nondiscrimination notice



We follow state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation.

Everyone has the right to know about our programs and services. All members have a right to use our programs and services. We give free help when you need it. Some examples of free help we can give are:

- Sign language interpreters
- Spoken language interpreters for other languages
- Written material in other languages
- Braille
- Large print
- Audio and other formats

If you need any of the above, call Customer Service at:

888-788-9821 (TDD/TTY 711)

If you think we did not offer these services or treated you unfairly, you can file a written complaint. Please mail or fax it to:

EOCCO
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Nick Gross coordinates our nondiscrimination work:

Nick Gross,
Chief Compliance Office
601 SW Second Ave.
Portland, OR 97204
503-952-5033
compliance@eooco.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意: 如果您說中文, 可得到免費語言幫助服務。請致電1-877-605-3229 (聾啞人專用: 711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

بولتے ہیں تو لسانی (URDU) توجہ دیں: اگر آپ اردو اہانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں (711) 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با تماس بگیرید. (TTY: 711) 1-877-605-3229

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意: 日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

အကူအညီ: ဤတမ်း (အများစုက အများအပြား အသုံးပြု) ဝါးဝါး ဖြစ်တိုင်း အများစုက တားတား မှားမှား ဖြစ်လာမည့် အခါ အသုံးပြုပါ။ 1-877-605-3229 (TTY: 711) ပြန်ကြားပါ။

ໄປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณจะสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)