

Pharmacy Reimbursement Claim Form.

Please read the back for instructions. Complete all information.
An incomplete form may delay your reimbursement.

Member/Subscriber Information

Member ID

Member Name (First, Last)

Street Address

City State Zip

Patient Information

Patient Name (First, Last)

Patient Date of Birth (Month/Day/Year)

Gender Relationship to Member/Subscriber
 Female 1 Self 4 Dependent Student
 Male 2 Spouse 5 Disabled Dependent
 3 Eligible Child 6 Dependent Parent

Pharmacy Information

Name of Pharmacy

Street Address

City State Zip

Telephone (Include Area Code)

Signature of Pharmacist or Representative
NCPDR#NPI# (Pharmacy Acct. #)
(11 Digit Number)

Acknowledgment

I certify that the medication(s) described above was received for use by the patient listed above, and that I (or the patient, if not myself) am eligible for prescription drug benefits. I also certify that the medication received was not for an on-the-job injury. I recognize that reimbursement will be paid directly to me, and that assignment of these benefits to a pharmacy or any other party is void.

Signature of Member/Subscriber

Date

Claim Receipts

(Please read Section A on back for details.)
Check the appropriate box if your receipts are for a:

- Compound prescription**
Make sure your pharmacist lists ALL the VALID 11 digit NDC numbers and ingredients and quantities on the receipt.
- Medication purchased outside of the United States**
Please indicate:
Country _____
Currency Used _____

Allergy medication

Coordination of Benefits

- (Another Health Plan has paid a portion)
Is this a coordination of benefits claim?
 Yes No
If yes, please read Section B on back for details, and mark the appropriate box for your primary coverage method.
- 1 You are submitting an Explanation of Benefits (EOB) from another Health Plan or from Medicare
- 3 You are submitting a copay receipt

Any person who knowingly and with intent to defraud, injure or deceive the Teamsters Health and Welfare Fund, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent act which is a crime and may subject such person to criminal or civil penalties, including fines and/or imprisonment, or denial of benefits.

Please tape receipts on the back.