# **CVS/caremark** Prescription Reimbursement Claim Form



# **Important!**

\* Always allow up to 30 days from the time you receive the response to allow for mail time plus claims processing.





- \* Do not staple or tape receipts or attachments to this form.
- \* Reimbursement is not guaranteed and other contractor will review the claims subject to limitations, exclusions and provisions of the plan.

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## **Important! A signature is REQUIRED**

### **NOTICE**

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

I certify that I (or my eligible dependent) have received the medicine described herein. I certify that I have read and understood this form, and that all the information entered on this form is true and correct.

X	
Signature of Plan Participant	Date

## You MUST include all original "pharmacy" receipts in order for your claim to process. The minimum information that must be included on your pharmacy receipts is listed below: • Patient Name • Prescription Number • Medicine NDC number • Metric Quantity Date of Fill Total Charge • Days Supply for your prescription (you need to ask your pharmacist for this "Day Supply" information) • Pharmacy Name and Address or Pharmacy NABP Number A valid Prescribing Physician's NPI (National Provider Identification) number is required, please provide: \_\_\_\_\_ Prescribing physician's information (all fields required): Name: Address: City, state, zip code: \_ Phone number: \_ **Additional Comments**

## **STEP 3 Mailing Instructions:**

**Submission Requirements:** 

### MAIL TO:

STEP 2

CVS/caremark P.O. Box 52136 Phoenix, Arizona 85072-2136

### **IMPORTANT REMINDER**

#### To avoid having to submit a paper claim form:

- Always have your card available at time of purchase.
- Always use pharmacies within your network.
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the number on the back of your card.