



Medicare Part D Prescription Claim Form

Follow instructions on reverse side.

DIV MHY

Member ID Number: _____ Member Birth Date: _____

Member Name: _____
 (Please print) First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Is this medication covered under any other group insurance plan? Yes No

If yes, provide the name of the insurance company and other employer.

Name of Insurance Company: _____

I certify that the information on this claim form is true and correct to the best of my knowledge. I authorize the release of any medical information necessary to process this claim.

Signature _____
 Subscriber's Signature

★ Please attach the duplicate pharmacy generated receipt or a copy of a medical expense report from the pharmacy separately.

Prescription Information		Number of receipts attached:
— IMPORTANT —		
All prescription claims must have prescription receipts/labels which include:		
<ul style="list-style-type: none"> • Pharmacy Name/Address • Phone number of Pharmacy, if available • Price 	<ul style="list-style-type: none"> • Drug Name, Strength and NDC • NABP number, if available • Rx Number 	<ul style="list-style-type: none"> • Days Supply • Patient's Name • Quantity • Date Filled
Please note: Above claim detail information is necessary in order to process your claim request.		
<ul style="list-style-type: none"> • Please tape receipts to separate piece of paper. • CASH REGISTER RECEIPTS ARE <u>NOT</u> ACCEPTABLE FOR ANY PRESCRIPTIONS. 		

Medicare Part D Covered Vaccinations	
Print Name of Physician: _____ Physician DEA# or NPI#: _____	
Attach a receipt from your physician showing the vaccine name, price, date given, and NDC code (if available)	
Internal Use Only	
Vaccine:	NCPDP #: 7014444
Submitted Amount:	7016666
Allowed Amount:	7018888
NDC #:	

For Internal Use Only: <input type="checkbox"/> COB Pay in Full <input type="checkbox"/> Pay at Contracted Rate <input type="checkbox"/> Urgent/Emergent Researched by _____

Return Completed Form to:
 Attn: Pharmacy
 Rocky Mountain Health Plans
 P.O. Box 10600
 Grand Junction, CO 81502-5600

INSTRUCTIONS

1. Please attach proof of purchase pharmacy receipts for all prescriptions listed.
2. You may obtain additional forms from Customer Service at Rocky Mountain Health Plans (970-243-7050 or 800-346-4643).

Use these forms when you purchase drugs:

- at a pharmacy that is unable to submit claims electronically
- at a nonparticipating pharmacy
- at a Physician's office for Part D vaccines

EXPLANATION

Here is an explanation of some of the terms used. The information below should be on the label attached to your prescription or provided by your pharmacist.

1. **Rx Number** — is the number the pharmacy assigns to your prescription (refer to your pharmacy receipt).
2. **Date Filled** — is the date that the pharmacy filled your prescription.
3. **Quantity** — is the amount of medicine you received.
 - a. The number of tablets or capsules.
 - b. For liquids, the number of ml's, cc's, or oz's.
 - c. For creams, ointments, and sprays, the number of grams or oz's.
4. **Strength** — a drug may be available in more than one strength, and this helps to identify the specific medicine you received (refer to your pharmacy receipt). It will be measured by:
 - a. mg (i.e., Tagamet 300 mg)
 - b. % (i.e., Timoptic 0.5%)
5. **NDC No.** — is a national code number used to identify each individual medication.
6. **NABP** — National Pharmacy code used to identify each individual pharmacy.
7. **Day Supply** — how many days the prescription will last.
8. **Medicare Part D covered vaccination** — some vaccinations are only covered by Medicare Part D, which is a pharmacy benefit.

If you have any questions, be sure to ask the pharmacist. If you need help, please call Rocky Mountain Health Plans Customer Service.

Customer Service

For medical benefit questions, we are open 8:00 A.M. to 5:00 P.M., Mountain Time, Monday through Friday.

- RMHP Members residing in Colorado, call 970-243-7050 or 800-346-4643.
- WINhealth Partners Members residing in Wyoming, call 800-840-2211.
- If you are hearing impaired and use TTY equipment, call 800-704-6370.
- Para asistencia en español llame al 800-346-4643.

For Part D prescription drug benefit questions, please call between 8:00 A.M. to 8:00 P.M., Mountain Time, Monday through Friday. From November 15 through March 1, we are also available 8:00 a.m. to 8:00 p.m. on weekends and most holidays.

Rocky Mountain Health Plans
2775 Crossroads Blvd.
P.O. Box 10600
Grand Junction, CO 81502-5600

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.