

# Prescription Drug Claim Form

## Instructions for completing Prescription Drug Claim Form:

Please complete all sections of the claim form below.

- Only one patient can be submitted per claim form.
- Copies of pharmacy receipts and register receipts must be included with submitted claim form.
- The pharmacy receipts must show the following prescription information for each expense:
  - Pharmacy Name and Address
  - Patient Name
  - Prescription Number
  - Fill Date
  - Drug Name, Strength and NDC
  - Quantity and Days-Supply
  - Drug Cost
  - Amount Paid Out-of-Pocket
- Please mail or fax the completed form and accompanying receipts to:
  - Magellan Health Services
  - Attention: Claims Department
  - 11013 W. Broad Street, Suite 500
  - Glen Allen, VA 23060

**Fax: 1-888-656-3607**

**Please Note: This claim will not be processed until this form and accompanying receipts are submitted.**

1. Policyholder or Insured Name (First, Middle, Last) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Policyholder or insured ID No. (as shown on ID Card) \_\_\_\_\_

3. Why was the insurance or drug card not used for this purchase? \_\_\_\_\_

4. Patient's Name (First, Middle, Last) \_\_\_\_\_

5. Patient's Birth Date \_\_\_\_\_ 6. Patient's Sex  Male  Female

7. Patient's Relationship to Policyholder:  
 Self  Spouse  Dependent  Other

8. Is the patient eligible for any other Prescription Drug Coverage?  No  Yes If yes, complete the following:  
Does the coverage include:  Major Medical  Drug  Other Medical

Insured's Name \_\_\_\_\_ Insured's ID Number \_\_\_\_\_  
Insured's Birth Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
Address (Street, City, State, Zip Code) \_\_\_\_\_

I certify that the information on this claim form is correct to the best of my knowledge. I authorize the release of any medical information pertaining to this claim to Magellan Rx Management, its agents or representatives.

Signature \_\_\_\_\_ Date \_\_\_\_\_