

# Prescription Drug Claim Form



Horizon Blue Cross Blue Shield of New Jersey

## Member information

ID number

Date of birth  /  /   Male  Female

Name (First, Last)

Street address

City State Zip

Member's relationship to primary cardholder:  
 Self  Spouse  Dependent

I certify that:

- The information on this form is correct
- The member named above is eligible for pharmacy benefits
- The member named above received the medicine(s) listed
- These benefits have not been assigned; any further assignment is void
- I give my permission to share the information on this form with Prime Therapeutics LLC

Member or legal representative signature

Is this medicine for an on-the-job-injury?  Yes  No

Do you have other insurance for this prescription medicine?  Yes  No

If yes, what is the other insurance company's name?

## Cardholder information (primary policyholder)

Name (First, Last)

**Why are you submitting this Prescription Drug Claim Form?**  
(check one)

- Did not have my pharmacy card with me
- Have not received my pharmacy card
- Picked up my medicine from a non-network pharmacy
- My other insurance is paying for part of this medicine (attach that company's Explanation of Benefits and an itemized receipt)
- Other (please explain) \_\_\_\_\_

## Pharmacy information

Pharmacy name

Pharmacy address

City State Zip

## Prescription (Rx) claim information

Was this prescription medicine purchased outside the U.S.?  Yes  No

All fields below must be completed. (See example on the back of this form.) Talk to your pharmacist if you need help.

Please attach itemized pharmacy receipts to the back of this form.

**1** Rx number

Date filled  /  /

Quantity \_\_\_\_\_ Days' supply

Name of medicine \_\_\_\_\_

NDC number   
(Your pharmacist can provide the national drug code (NDC) and national provider identifier (NPI) numbers.)

NPI number

Prescription cost \$  .

Balance due \$  .

**2** Rx number

Date filled  /  /

Quantity \_\_\_\_\_ Days' supply

Name of medicine \_\_\_\_\_

NDC number   
(Your pharmacist can provide the national drug code (NDC) and national provider identifier (NPI) numbers.)

NPI number

Prescription cost \$  .

Balance due \$  .

## Pharmacy/prescription (Rx) information

1. Use a separate claim form for each member. All information provided on or attached to this claim form must be for the same person.
2. Attach itemized pharmacy receipts from your prescription bag. Be sure that all the required information is visible (staple to the top of the form, if necessary). Note: your claim will be sent back if required information is missing.

### Required information

- Member name
- Pharmacy name and address
- Total charge
- Drug name and NDC number
- Physician NPI number
- Quantity
- Date filled
- Rx number
- Days' supply

### Questions?

- You can call the number on the back of your member ID card
- Your pharmacist may call 877.686.6875

3. Send this completed form with itemized receipts to:

Prime Therapeutics (Commercial)  
 Mail Route: Horizon BCBSNJ  
 PO Box 25136  
 Lehigh Valley PA 18002-5136

**EXAMPLE**

Rx number

Date filled  /  /

Quantity  Days' supply

Name of medicine "Drug Name"

NDC number   
(Your pharmacist can provide the national drug code (NDC) and national provider identifier (NPI) numbers.)

NPI number

Prescription cost \$  .

Balance due \$  .

Is this prescription claim for a compound medicine?

Yes  No

Note: If yes, make sure your pharmacist completes the information below.

### Compound Information

Please enter all information for each drug used.

#### Compound Prescriptions

For pharmacy use only

NDC Number	Drug Ingredient	Quantity	Charge

Rx 1	Rx 2
<p><b>Attach itemized pharmacy receipts here</b></p> <p>All required information must be visible (see step 2 above).</p> <p style="margin-top: 20px;">Keep a copy of your receipt(s) for your records.</p>	<p><b>Attach itemized pharmacy receipts here</b></p> <p>All required information must be visible (see step 2 above).</p> <p style="margin-top: 20px;">Keep a copy of your receipt(s) for your records.</p>

**Fraud Prevention Regulation:** Any person who knowingly and with intent to defraud any health plan or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent health plan act, which is a crime and subjects such person to criminal and civil penalties.

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Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East  
Newark, NJ 07105-2200  
HorizonBlue.com

## Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Horizon BCBSNJ does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Information written in other languages

If you need these services, contact Horizon BCBSNJ's Director of Regulatory Compliance at the phone number, fax or email listed below.

If you believe that Horizon BCBSNJ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

**Horizon BCBSNJ – Director, Regulatory Compliance**  
**Three Penn Plaza East, PP-16C**  
**Newark, NJ 07105**  
**Phone: 1-800-658-6781**  
**Fax: 1-973-466-7759**  
**Email: [ComplianceAndEthicsOffice@HorizonBlue.com](mailto:ComplianceAndEthicsOffice@HorizonBlue.com)**

You can file a grievance in person, or by mail, fax or email. If you need help filing a grievance, Horizon BCBSNJ's Director of Regulatory Compliance is available to help you.

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

**Office for Civil Rights Headquarters**  
**U.S. Department of Health and Human Services**  
**200 Independence Avenue, SW**  
**Room 509F, HHH Building**  
**Washington, D.C. 20201**  
**1-800-368-1019 or 1-800-537-7697 (TDD)**

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).



Horizon Blue Cross Blue Shield of New Jersey

If you need help understanding this Horizon Blue Cross Blue Shield of New Jersey information, you have the right to get help in your language at no cost to you. To talk to an interpreter, please call **1-800-370-5088** during normal business hours.

Spanish (Español): Si necesita ayuda para comprender esta información de Horizon Blue Cross Blue Shield of New Jersey, usted tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, sírvase llamar al **1-800-370-5088** durante el horario normal de trabajo.

Chinese (中文): 如果您需要幫助來理解這份新澤西州地平線藍十字藍盾 (Horizon Blue Cross Blue Shield of New Jersey) 資料，您有權免費獲得以您的語言提供的協助。欲聯絡翻譯人員，請於上班時間致電 **1-800-370-5088**。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역사의 도움을 받으려면 정상 업무 시간 동안에 **1-800-370-5088**로 전화해 주십시오.

Portuguese (Português): Se precisar de ajuda para entender estas informações da Horizon Blue Cross Blue Shield of New Jersey, você tem o direito de receber gratuitamente assistência no seu idioma. Para falar com um intérprete, ligue para: **1-800-370-5088** no horário normal de trabalho.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ ક્રોસ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વગર મદદ મેળવવાનો અધિકાર છે. કોઈ દુભાષિયા સાથે વાત કરવા, કૃપા કરીને સામાન્ય બિઝનેસ ક્લાકો દરમિયાન **1-800-370-5088** પર ફોન કરો.

Polish (Polski): Jeżeli potrzebujesz pomocy, aby zrozumieć informacje planu Horizon Blue Cross Blue Shield of New Jersey, masz prawo poprosić o bezpłatną pomoc w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer **1-800-370-5088** podczas normalnych godzin pracy.

Italian (Italiano): Se vi serve aiuto per capire queste informazioni della Horizon Blue Cross Blue Shield of New Jersey, avete diritto ad assistenza gratis nella vostra lingua. Per parlare con un interprete, siete pregati di telefonare al numero **1-800-370-5088** durante le normali ore d'ufficio.

Tagalog (Tagalog): Kung kailangan mo ng tulong sa pag-unawa nitong impormasyon ng Horizon Blue Cross Blue Shield of New Jersey, may karapatan kang humingi ng tulong sa iyong wika nang walang gastos sa iyo. Upang makipag-usap sa isang taga-interpret, mangyaring tumawag sa **1-800-370-5088** sa loob ng karaniwang mga oras ng negosyo.

Russian (Русский язык): Если вам необходима помощь в разъяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Для связи с переводчиком звоните по номеру телефона **1-800-370-5088** в обычные рабочие часы.

Haitian Creole (Kreyòl ayisyen): Si ou bezwen èd pou konprann enfòmasyon sou Horizon Blue Cross Blue Shield of New Jersey, ou gen dwa pou jwenn èd nan lang natifnatal ou gratis. Pou pale avèk yon entèprèt, tanpri rele nimewo **1-800-370-5088** pandan lè nòminal biznis.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइजन ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की जरूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिए से बात करने के लिए, कृपया सामान्य कार्य समय के दौरान **1-800-370-5088** पर कॉल करें।

Vietnamese (Tiếng Việt): Nếu cần được giúp đỡ để hiểu rõ thông tin này của Horizon Blue Cross Blue Shield of New Jersey, quý vị có quyền được giúp đỡ bằng ngôn ngữ của mình miễn phí. Xin gọi số **1-800-370-5088** trong giờ làm việc để nói chuyện với người thông dịch.

French (Français): Si vous avez besoin d'assistance pour comprendre ces informations au sujet de Horizon Blue Cross Blue Shield of New Jersey, vous avez le droit d'obtenir de l'aide dans votre langue, sans aucun frais. Pour parler avec un interprète, veuillez appeler le **1-800-370-5088** pendant les heures normales de bureau.

Navajo (Diné): Díí New Jersey bíł hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitíh bee shiká' a'doowoł nínízingo éí bee ná'ahoot'i' dóó doo bááh ílíní da. Ata' halne'é ła' bich'i' hadeesdzih nínízingo t'áá shóodí **1-800-370-5088**jí' nida'anishgo oolkiíí bik'ehgo hodíílnih.

Arabic (عربي): إذا كنت بحاجة إلى المساعدة في فهم معلومات Horizon Blue Cross Blue Shield of New Jersey لديك الحق في الحصول على المساعدة بلغتك دون تحميلك أية تكلفة. للتكلم مع مترجم، يرجى الاتصال خلال ساعات العمل العادية بالرقم **1-800-370-5088**.

Urdu (اردو): اگر آپ کو نیوجرسی انفارمیشن کے اس آسمانی نیلے رنگ والے تیز نیلے رنگ والے شیلڈ کو سمجھنے میں مدد کی ضرورت ہے تو، آپ کو اپنی زبان میں بغیر کسی خرچ کے مدد حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، براہ کرم، معمول کے کاروباری اوقات میں **1-800-370-5088** پر کال کریں۔