Additional Drug Information

Instructions:

- 1. This form must be submitted with a completed Prescription Drug Claim Form for Member Reimbursement;
- 2. Fill out the space below completely for EACH additional requested medication. If any information is missing, we will be unable to process your request. Your pharmacy can provide any information you are missing;
- 3. Include pharmacy receipt(s) AND proof of payment. Tape receipts to a separate page and submit with claim form. If medication was given in the emergency room or doctor's office include detailed statement.

Note: Services incurred outside the United States are not payable under Medicare plans.

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Is this a compound medication? No O Yes If was, places attach compound form from pharmacy if qualitable.					
If yes, please attach compound form from pharmacy if available Was this prescription filled outside the US? No Yes					
Is this a vaccine?	If yes:	110 100			
No Yes		Vaccine Cost: \$		Admin Fee: \$	
National Drug Code (NDC)			Total Cost:		
ivational brug code (NDC)	Drug Nur	iic.	<u>\$</u>		
Fill Date (mm/dd/yyyy):	Rx Number:	Qty:	Day S	Supply:	
<u>Dosage Form</u>	Strength:	Dispense	Dispense as Written Code (if applicable):		
		<u>.</u>			
Is this a compound medication? ONo OYes If yes, please attach compound form from pharmacy if available					
Was this prescription filled outside the US? No Yes					
Is this a vaccine? If yes:					
ONo OYes	Vaccine	Vaccine Cost: \$		Admin Fee: \$	
National Drug Code (NDC) Drug Name:		ne:	Total Cost:		
Fill Date (mm/dd/yyyy):	Rx Number:	Qty:	<u>'</u>	Supply:	
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Dosage Form	Strength:		as Written Code		
Dosage Form					
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Is this a compound medication of the second	Strength: on? od form from pho	Dispense ONO OYe armacy if available	as Written Code		
Is this a compound medication of the second	Strength: on? od form from phoutside the US?	Dispense No OYe	as Written Code		
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Is this a compound medication of the second	Strength: on? od form from phoutside the US? If yes:	Dispense ONO OYE Ormacy if available ONO OYes Cost: \$	as Written Code	e (if applicable):	
Is this a compound medication of the second	Strength: on? od form from phoutside the US? If yes: Vaccine	Dispense ONO OYE Ormacy if available ONO OYes Cost: \$	as Written Code s	e (if applicable):	