



## Pharmacy Information Continued

Phone Number

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Is this an on-site nursing home pharmacy?

YES

NO

NCPDP/NPI Required

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### NOTICE

Any people 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. A fraudulent insurance act 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. All the information entered on this form is true and correct.

X

Signature of Member (REQUIRED)

Date

## STEP 2 Submission Requirements

You **MUST** include all original "pharmacy" receipts to be reimbursed. "Cash register" receipts will **ONLY** be accepted for diabetic supplies. Your pharmacy receipt must at least include:

- Member's Name
- Prescription Number
- Medicine NDC Number
- Date of Fill
- Metric Quantity
- 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

Please write down the prescribing doctor's NPI (National Provider Identification) number here: \_\_\_\_\_

Prescribing doctor's information (you must fill in all fields):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, \_\_\_\_\_ state, \_\_\_\_\_ zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## STEP 3 Mail completed forms with receipts to:

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

### IMPORTANT REMINDER – To avoid having to submit a paper claim form:

- Always have your ID card at the time of purchase.
- Always use a pharmacy in Passport's network
- Use medicines on Passport's formulary list.
- If you have any problems at the pharmacy, call the number on the back of your card.