COMMERCIAL PRESCRIPTION DRUG CLAIM FORM

FOR MEMBER REIMBURSEMENT

CLAIM FORM INSTRUCTIONS

Part 1: Member Information

1. Complete all information under Part 1. Your Humana ID Number is on your member ID card.
2. Submit claim receipts within the filing period specified by your Humana plan. For questions about your filing period, please call the number on the back of your member ID card.
3. Please submit a separate form for each family member and pharmacy from which you purchase medications.

Part 2: Receipt Information

1. Include all original pharmacy receipt(s) AND proof of payment. Cash register receipts are not sufficient. Tape receipts to a separate page and submit with claim form.
2. Receipt(s) must contain the information outlined under Part 2. If your receipt(s) are missing any of this information, please ask your pharmacy to provide a printout with the information required in Part 2.
3. Remember to keep a copy of the completed claim form and receipt(s) for your records.

Part 3: Pharmacy Information

1. Provide information about the pharmacy where medications were obtained.

Once all sections have been filled in, please sign and date. Your signature attests that all information is accurately represented by the completed form and accompanying receipts.

Mail the completed form and Receipt(s) to: **Humana Pharmacy Solutions**
P.O. Box 14140
Lexington, KY 40512-4140

or Fax to : **866-754-5362**

PART 1: MEMBER INFORMATION

Humana ID Number (claim cannot be processed without this) ☐☐☐☐☐☐☐☐☐–☐☐

Date of Birth (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

Patient Residence:
- ☐ Home
- ☐ Nursing Home
- ☐ Assisted Living
- ☐ Group Home
- ☐ Intermediate Care
- ☐ Hospice

Member Last Name | First Name | MI

Gender: ☐ Male ☐ Female

Relationship: ☐ Member ☐ Spouse ☐ Child ☐ Other

Member Street Address

City | State | ZIP Code | Member Telephone ( ) –

PART 2: RECEIPT INFORMATION

Ensure your receipt includes the following information:

- ☐ Date Filled
- ☐ Medication Name
- ☐ Medication Strength
- ☐ Dosage Form
- ☐ Rx Number
- ☐ National Drug Code (NDC)
- ☐ Quantity
- ☐ Day(s) Supply
- ☐ Rx Price (amount you paid including tax)
- ☐ Physician Name
- ☐ Physician ID (NPI or DEA)
- ☐ If drug is a compound, list the NDCs for all ingredients and quantity of each.

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DISPENSE AS WRITTEN (DAW):

☐ 0 – Not applicable ☐ 1 – Doctor mandates that brand product be dispensed
☐ 2 - Patient mandates that brand product be dispensed ☐ 5 - Brand submitted as generic
☐ 7 - Brand mandated by state law

PART 3: PHARMACY INFORMATION

Pharmacy Name

Pharmacy ID (NABP or NPI#)

Pharmacy Street Address

City

State

ZIP Code

Pharmacy Telephone ( ) –

Pharmacy Service Type: ☐ Retail ☐ Compounding ☐ Home Infusion ☐ Institutional ☐ Mail Order
☐ Long Term Care ☐ Managed Care Organization ☐ Specialty ☐ Other

Description of Issue:

☐ Pharmacy will not accept my Humana plan
☐ Pharmacy was unable to process my claim electronically
☐ I did not have my plan information at the time of purchase
☐ I believe the claim was paid incorrectly
☐ I filled my medication during an emergency
☐ I have drug coverage with a plan other than Humana (Coordination of Benefits)

Name of Ins Co ________________

Ins Co Phone# ________________

Employer Name________________

Member ID ________________

Please explain the issue:

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IMPORTANT CLAIM NOTICE

Caution: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act.

Member Signature **X** ________________________________ Date / /

Humana ID Number –

Humana: Any person, who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. We may notify all state and federal law enforcement agencies of any suspected fraud, as determined by Us or as required by law. We reserve the right to recover any payments made by Us that were made to You and/or any party on Your behalf, based on fraudulent or misrepresented information. **Alabama Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **Alaska, Delaware, Idaho, Maine, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, Tennessee, Texas, Virginia, Washington, West Virginia Residents: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive and insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Arkansas, Louisiana, Rhode Island Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Arizona Residents:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. **California Residents:** For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **Colorado Residents:** 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. **District of Columbia Residents: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Florida Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. **Indiana Residents:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony. **Kentucky, Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Maryland Residents:** Any person who knowingly or willingly presents a false or fraudulent claim for payment of a loss of benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **New Jersey Residents:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **New York Residents:** Any person who knowingly and with intent to defraud any insurance company 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 insurance act, which is a crime and shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each such violation. **Puerto Rico Residents:** Any person who, knowingly and with the intend to defraud, presents false information in an insurance request form, or who presents a fraudulent claim for the payment of a loss, will incur a felony, and upon a conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed establishment imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years. The non-compliance of the dispositions of this Article will include the imposition of an administrative fine no less than one thousand (1,000) dollars nor more than five thousand (5,000) dollars. If this notice is not included in the indicated formularies it will not constitute a defense for the insured or third claimant to comply with the dispositions of this Chapter.