

Instructions

Policyholder:

1. Present your prescription drug card at the pharmacy to avoid having to submit a paper claim for reimbursement. If necessary, use this form for prescription claims that were purchased without using your drug card, or due to an emergency situation.
2. You will be reimbursed directly for all covered services up to the allowed amount.
3. Complete all items in the top section for both the patient and policyholder.
4. Sign the form in the area provided.
5. Be sure to include the original cash receipt with this form, and make copies for your own records.
6. Have your pharmacist complete the bottom section of the form.
7. For a list of participating pharmacies in your area, please refer to your member kit materials or call your customer service area.
8. Mail completed form to WellPoint NextRx, P.O. Box 145433, Cincinnati, OH 45250-5433.

Pharmacist:

1. Complete all items in the lower portion of this form.
2. Use a separate form for each patient.
3. Be sure to sign the form in the area provided.

If you have any questions, please call your Customer Service area.

Insurance Fraud Warning

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 appropriate state agency within the department of regulatory agencies.

C0003-100-PDP 12/2005