GENERAL INSTRUCTIONS FOR COMPLETING THIS CLAIM FORM

IMPORTANT:

Read this form carefully before completing.

This is a sample benefit identification card. Claim forms without all required numbers from your card will not be processed.

Certificate Number	💿 🚺 Kansas City	
	MEMBER NAME	
Suffix 🖣	- ID#: YBC00000000	
Sullix	SUFFIX: 00	
Group Number ┥	-GROUP #: 00000000	EMER ROOM 200.00 URGENT CARE 30.00
	PLAN: PPO	OFFICE VISIT 30.00
	CUSTOMER SERVICE:	RXBIN: PCN: GROUP:

Be sure to copy the information exactly as it appears on your benefit identification card.

IMPORTANT:

- 1. Obtain Prescription Drug Claim forms from your employer.
- 2. Keep copies of all bills for your records.
- 3. Use a separate Claim form for each patient and each pharmacy.
- 4. When should the Claims Form be used?

Employee should use the Claim form to receive reimbursement if (a) purchasing prescription drugs at a non-participating pharmacy or (b) purchasing drugs outside the service area.

5. How to file and substantiate a claim?

The employee should complete Part 1 and ask the pharmacist to complete Part 2 of the Claim form. Claim form must be completed in full or it will be returned to the employee for completion. AVOID DELAY – COMPLETE ALL REQUIRED AREAS OF INFORMATION.

NOTE: Any person who knowingly and with intent to deceive or defraud files a claim containing false, incomplete or misleading information may be in violation of state law. Use of the mail to defraud is a violation of federal law.