



### Other Insurance Coverage Information

Are you eligible for primary prescription drug coverage from another insurance company?

Yes

No

Other Insurance Company's Name:

Group Number:

Member ID Number:

Effective Date of Coverage:

### Prescription Information

#	Rx Number	NDC Number	Compound Y/N	Date Filled (mm/dd/yyyy)	Drug Name/Strength	Amount Paid	Quantity/Day Supply
1							
2							
3							
4							

### Pharmacy Information

#	Pharmacy Name	Pharmacy Phone Number	Pharmacy NPI Number
1			
2			
3			
4			

### Prescriber Information

#	Prescriber Name	NPI Number	Phone Number	State
1				
2				
3				
4				

### REMINDER:

#### To avoid having to submit a paper claim

- ✓ Always have your prescription drug card at the time of purchase
- ✓ Always use pharmacies in your network
- ✓ Use medication covered under your formulary