P.O. Box 240609
Anchorage, AK 99524-0609
800-508-4722
800-842-5357 TDD for the hearing impaired

PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

# Secondary Insurance
# Prescription Drug Claim Form

## Please follow instructions carefully.
## If all boxes are not completed, there could be a delay in processing.

1. Please list your prescription drugs below in date order and submit on a monthly basis.
2. All drugs listed must be for same person and same pharmacy. Please use a separate form for each person, each pharmacy.
3. Receipts must be attached to this form for all prescriptions. Please tape (do not staple) to reverse side or another sheet of paper.
4. Cash register receipts are not acceptable.
5. Explanation of benefits from primary insurance or pharmacy receipt indicating copay amount from primary coverage must be attached.

| | |
|---|---|
| Subscriber (Employed) Name: _____ | Patient Name: _____ |
| _____ | _____ |
| ID Number: _____ | Relationship to Subscriber: _____ |
| Mailing Address: _____ | Pharmacy Name: _____ |
| _____ | Address: _____ |
| Subscriber's Employer:<br>(Group Number) _____ | _____ |

Please list your prescription drugs below in date order:

| Date of Purchase | Amount Charged | Balance after Primary Ins. Benefits | Drug Quantity Units/Days | Name of Each Drug | Prescription Number | Prescribing Physician |
|---|---|---|---|---|---|---|
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |

**Keep copy for your records (form and attachments)**

I hereby certify that the above drugs were necessary for treatment of the illness/injury reported and were purchased for the individual named above.

Signature (Subscriber) _____ Date _____/_____/_____

Please return this form to Premera Blue Cross Blue Shield of Alaska, P.O. Box 240609, Anchorage, AK 99524-0609.

If you have any questions, please call Premera Blue Cross Blue Shield of Alaska's Customer Service
Toll free at 800-508-4722 ● 800-842-5357 TDD for the hearing impaired

015465 (07-2005)