

INSTRUCTIONS

To avoid delays in handling your claim, be sure all information is complete and correct.

A separate claim form must be completed for:

- Each patient
- Each pharmacy from which you purchase prescription drugs

CLAIM SUBMISSION

When submitting a claim, the following information must be included:

- Member Name
- Pharmacy Name and Address or NABP Number
- Prescription Number
- Drug Strength/NDC Number
- Date of Purchase
- Metric Quantity/Days Supply
- Drug Name
- Original Pharmacy Receipts
- Total Charge

DO NOT submit canceled checks, cash register slips or personal itemization. These are not acceptable as substitutes for original receipts.

DO NOT submit statements with “balance” amounts only.

HOW TO COMPLETE THIS FORM

Cardholder/ Patient Information

Complete all cardholder and patient information in Part 1 on reverse side.

- The cardholder ID number can be found on your ID card.
- Sign and date in the space provided. Your signature certifies that the information is correct and complete.
- Please make a copy of all documents and receipts before you send them to FutureScripts. No documents will be returned.

PHARMACY INFORMATION

Pharmacist to complete Part 3 of the form

- Indicate pharmacy name, NABP number, address and phone number.
- Include Rx number(s), drug name(s), strength(s) and date filled.
- Indicate prescriber’s DEA number and whether the prescription is new, refill, DAW or compound.
- Include NDC number(s) for the drug(s) dispensed.
- Enter the NDC number of the most expensive ingredient of the legend drug used in the compound.
- Indicate the drug ingredient(s) and quantity.
- Indicate the “metric quantity” expressed in number of tablets, grams or mls for liquids, creams, ointments and injectables.
- Indicate the “days supply” (the number of days the medication will last).
- Indicate the dollar amount paid by the patient.
- Sign and date the form.
- Pharmacist questions? Call 1-888-678-7013.

COMPOUND PRESCRIPTIONS For pharmacy use only			
NDC #	Drug Ingredient	Quantity	Charge

MAIL THIS FORM TO:



FutureScripts
Dept. #0384
PO Box 419019
Kansas City, MO 64141