



PRESCRIPTION DRUG CLAIM FORM

IMPORTANT: PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS FORM.

Please complete and sign a separate form for each patient.

PATIENT INFORMATION section containing fields for patient name, date of birth, sex, relationship to subscriber, current mailing address, and insurance information.

PHARMACY INFORMATION

PLEASE HAVE YOUR PHARMACIST COMPLETE THIS SECTION OR PROVIDE YOU WITH AN ACCEPTABLE ATTACHMENT. WE CANNOT PROCESS THIS FORM WITHOUT THIS INFORMATION.

Table with 8 columns: RX NUMBER, DATE FILLED, METRIC QUANTITY, DAYS SUPPLY, NDC NUMBER, PRESCRIBER NAME OR NUMBER, DAW, and RX PRICE. It contains 6 rows for recording drug claim details.

PHARMACIST MUST COMPLETE:

Fields for Pharmacist completion: PHARMACY NAME, STREET ADDRESS, CITY, STATE, ZIP, and PHONE.

PHARMACY PROVIDER (NABP) NUMBER SEE REVERSE SIDE FOR NABP NUMBER INSTRUCTIONS

TOTAL PRICE \$

THIS FORM MUST BE SIGNED: SIGNATURE Pharmacist DATE

NOTE: Any payment for the above claim(s) will be made directly to the SUBSCRIBER.

CLAIM FILING INSTRUCTIONS

Please read this carefully before completing the claim form. To ensure accurate payment of benefits your claim form should be submitted with the required information.

SUBSCRIBER:

- a. Please use this claim form for prescription drugs. If you do not have a form, your Pharmacy may have a supply of the forms available or may provide you with an attachment that provides the same information as required on the claim form.
- b. You should complete the top portion (Patient Information) of the claim form (Identification number, name, address, etc.).
- c. **Your pharmacist** should either 1) complete the lower portion (Pharmacy Information) or 2) provide you with a Universal Claim Form or 3) provide you with a prescription drug attachment that provides the same information as requested on the claim form. Universal Claim Forms and prescription drug attachments should be stapled to the form.
- d. Cash register receipts, drug tickets or computer printouts which do not provide the same information as requested on the claim form are **not** considered satisfactory attachments.
- e. Use a separate claim form for each patient.
- f. Use a separate claim form for each pharmacy.
- g. Be sure to indicate if the drugs are related to an accident or cancer. Some benefit plans pay higher benefits for accident or cancer related drugs.
- h. Insulin syringes can be filed on this form. Please do not use this form to file any other medical bills or medical supplies.
- i. Please make a copy of the form and any attachments to keep as your record.
- j. Mail Prescription Drug Claim Forms directly to:

**Blue Cross & Blue Shield of Mississippi
Prescription Drug Service Center
P.O. Box 1043
Jackson, MS 39215-1043**

If you are covered under any other health insurance (other than Medicare or Medicaid), please attach a copy of the Explanation of Benefits from the other health insurance carrier which corresponds with the prescription drug charges you are filing.

If you have prescription drug questions or need assistance in completing this claim form, our Prescription Drug Service Center Representatives are available to assist you between the hours of 8:00 a.m. and 4:30 p.m.

**Prescription Drug Service Center
1-800-551-5258
(601) 932-9788**

PHARMACIST: TO PREVENT DELAY OF YOUR CUSTOMER'S CLAIM:

- a. Complete the Pharmacy Information Section in detail (Rx number, NDC, etc.) or provide a Universal Claim Form (UCF) or prescription drug attachment that has the same information as required on the claim form. **The UCF or prescription drug attachment must be stapled to this claim form and both forms should be submitted by the subscriber.** The pharmacy NABP number should be written on the front of the claim form or indicated on the UCF or prescription drug attachment.
- b. Please indicate a 1 in the DAW block if the physician required the prescription to be dispensed as written.
- c. Please indicate all "9's" in the NDC block if the prescription dispensed is a compound.
- d. If a discount is given by the pharmacy, the discount price should be indicated as the price, not the price prior to the discount.
- e. You should provide the complete name and address of the pharmacy, NABP number, and authorized signature. Your National Association of Boards of Pharmacy (NABP) number is assigned to your pharmacy by the National Council for Prescription Drug Programs (NCPDP) and serves as your Blue Cross and Blue Shield Provider Number. If you are not sure what your NABP number is, you can contact the Blue Cross & Blue Shield of Mississippi Prescription Drug Service Center at (601) 932-9788 or 1-800-551-5258.
- f. If you need assistance in completing the claim form, please contact our Prescription Drug Service Center at (601) 932-9788 or 1-800-551-5258.