



## Pharmacy/Prescription Information

1. Use a **separate claim form** for each patient.  
All information provided on or attached to this claim form must be for the same patient.
2. Tape or glue pharmacy receipts in the spaces provided.  
When you tape or glue your receipts, it is not necessary for

If any of your receipts do not have **required** information, ask your pharmacist to provide you with the missing information.

Write that information on your receipt(s). If not completed, the claim will be sent back for the required information.

3. Call the customer service number on your ID card if you have any questions.
4. Have your pharmacist call 800.821.4795 if he/she has any questions.
5. Send completed form to:

Prime Therapeutics  
P.O. Box 14624  
Lexington, KY 40512-4624