



Commercial Prescription Drug Claim Form

Aetna Pharmacy Management
 PO Box 52444
 Phoenix, AZ 85072-2444
 FAX: 1-888-472-1128

Aetna Member Number (claim cannot be processed without number)										Group Number									
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
If you are enrolled in Medicare, check here <input type="checkbox"/>																			
Employee Name (First, Middle, Last)															Employee Birthdate (MM/DD/YYYY)				
Employee Address (Street, City, State, ZIP Code)																			
Company Name & Address (Street, City, State, ZIP Code)																			
Employee Signature										Telephone Number ()					Date				

Prescription(s) were for:

Last Name, First, Middle Initial			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>		Patient Birthdate (MM/DD/YYYY)		
Are any family members expenses covered by another group health plan, group pre-payment plan (Blue Cross-Blue Shield, etc.), no fault auto insurance, Medicare, or any federal, state, or local government plan? <input type="checkbox"/> No <input type="checkbox"/> Yes									
If Yes, list policy or contract holder, policy or contract number(s) and name/address of insurance company or administrator.									
If Medicare, check all that apply. <input type="checkbox"/> Medicare Part A <input type="checkbox"/> Medicare Part B <input type="checkbox"/> Medicare Part D									
Member ID Number with Other Carrier				Member Name				Member Birthdate (MM/DD/YYYY)	
Indicate reason for manually filing these claims: <input type="checkbox"/> Coordination of Benefits – Please attach an Explanation of Benefits from the primary carrier along with the detailed receipt. <input type="checkbox"/> Emergency – If Emergency, describe Emergency below, or on a separate sheet. <hr/> <input type="checkbox"/> Compound Drug – If you have a drug that contains more than 1 ingredient. Please provide the following information: <ul style="list-style-type: none"> • The VALID 11-digit NDC number for EACH ingredient used in the compound prescription. • The ingredient name for each NDC. • The “metric quantity” expressed in number of tablets, grams or milliliters for each ingredient NDC #. • The cost for EACH ingredient (dollar amount). • The TOTAL compounded quantity. • The TOTAL dollar amount paid by the patient. 									
Please Note: Manual submission of claims does not guarantee reimbursement of claim.									

Pharmacy Information *Please attach detailed prescription receipts or ask your pharmacist for a pharmacy statement. We cannot process your claim without this information.*

<p>Member</p> <ul style="list-style-type: none"> • Please read carefully before completing this form. Claim forms without the required information cannot be processed. Incomplete forms will be returned to you. • If you use more than one pharmacy, use a separate form for each pharmacy. • Use a separate claim form for each patient. • Claims must be submitted within two years of date of purchase. • Complete all employee and patient information on the top portion of the form and be sure to sign it. • Mail or FAX the Prescription Drug Claim Form to: Aetna Pharmacy Management PO Box 52444 Phoenix, AZ 85072-2444 FAX: 1-888-472-1128 	<p>Submission Requirements</p> <p>You MUST include all original “pharmacy” receipts in order for your claim to process. “Cash register” receipts <u>WILL NOT</u> be accepted with the exception of Diabetic Supplies. The minimum information that must be included on your pharmacy receipts is listed below:</p> <ul style="list-style-type: none"> • Patient Name • Prescription Number • Medicine NDC number • Date of Fill • Metric Quantity • Total Charge • Days Supply for your prescription (you need to ask your pharmacist for this “Day Supply” information) • Pharmacy Name and Address or Pharmacy NABP Number <p>If the Prescribing Physician’s NPI (National Provider Identification) number is from a foreign country, please fill in below:</p> <p>Country: _____</p> <p>Currency: _____</p> <p>Amount: _____</p>
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Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Alabama Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **Attention Arkansas, District of Columbia, Rhode Island and West Virginia Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Attention California Residents:** For your protection California law requires notice of the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **Attention Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. **Attention Florida Residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. **Attention Kansas Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law. **Attention Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **Attention Louisiana Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison. **Attention Maine and Tennessee Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits. **Attention Maryland Residents:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Attention Missouri Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, denial of insurance and civil damages, as determined by a court of law. Any person who knowingly and with intent to injure, defraud or deceive an insurance company may be guilty of fraud as determined by a court of law. **Attention New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **Attention New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation. **Attention North Carolina Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties. **Attention Ohio Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **Attention Oklahoma Residents:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Attention Oregon Residents:** Any person who with intent to injure, defraud, or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law. **Attention Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Attention Puerto Rico Residents:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. **Attention Texas Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. **Attention Vermont Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. **Attention Virginia Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties. **Attention Washington Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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TTY: 711

This Notice has Important Information. You may need to take action by certain dates to keep your health coverage or help with costs. For help in English at no cost, you can call the number on your ID card. (English)

Este aviso contiene información importante. Es posible que deba realizar determinadas acciones en ciertas fechas para mantener su cobertura de salud u obtener ayuda para pagar los costos. Para obtener ayuda en español sin cargo alguno, llame al número que figura en su tarjeta de identificación. (Spanish)

本通知包含重要資訊。您可能需要在特定日期前採取行動，以保留您的健康承保或關於費用的協助。如欲免費取得中文幫助，您可撥打您保險卡上的電話號碼。(Chinese)

Le présent avis contient des informations importantes. Vous devrez peut-être prendre des mesures à partir de certaines dates pour garder votre couverture santé ou obtenir des aides pour payer les coûts. Pour obtenir de l'aide en Français sans frais, vous pouvez appeler le numéro sur votre carte d'identification. (French)

Ang Abisong ito ay Naglalaman ng Mahalagang Impormasyon. Maaaring kailanganin mong gumawa ng aksyon sa tiyak na mga petsa upang mapanatili ang pagsakop sa iyong kalusugan o tulong na may gastos. Para sa tulong sa Tagalog na walang gastos, maaari kang tumawag sa numero sa iyong ID card. (Tagalog)

Díí saad ílíníí baa hane'. Díí níké'ésti'ígíí éí doodago béeso da bee níká a'doowolígíí bikáa'go da át'ée dooleel áko t'áadoo bee e'e'aahí baa yílkaahgóó tsxíílgó hasht'e dííííí níí da dooleel. (Diné k'ehjí) bee shíká a'doowol nínízingo Naaltsoos nanítingo bee néého'dolzinígíí béesh bee hane'í bikáá' áko áají' hodiilnih t'áadoo bááh ílínígóó (Navajo)

Diese Mitteilung enthält wichtige Informationen. Wenn Sie Ihren Krankenversicherungsschutz beibehalten möchten oder Hilfe beim Bestreiten der Kosten benötigen, müssen Sie u. U. innerhalb einer bestimmten Frist handeln. Für kostenfreie Hilfe auf Deutsch können Sie die Nummer auf Ihrer Versicherungskarte anrufen. (German)

ይህ ማስታወቂያ ጠቃሚ መረጃ አለው። የጤና ሽፋንዎን ለመጠበቅ ወይም በከፍተኛ በተወሰኑ ቀናት ውስጥ ወደ ተግባር መግባት አለብዎት። በነጻ ድጋፍ ለማግኘት(አማርኛ) በመታዋቅየዎዎ ባለው ስልክ መደወል ይችላሉ። (Amharic)

حتوي هذا الإشعار على معلومات مهمة. لذا يجب أن تتخذ الإجراءات اللازمة في المواعيد المحددة للحفاظ على تغطيتك الصحية أو للحصول على مساعدة في التكاليف. وتلقي المساعدة ب (اللغة العربية) مجاناً، يمكنك الاتصال على الرقم الموجود في بطاقة الهوية. (Arabic)

এই বিজ্ঞপ্তিতে গুরুত্বপূর্ণ তথ্য রয়েছে। আপনাকে হয়তো স্বাস্থ্য আওতাধীন বজায় রাখার জন্য অথবা খরচ দিয়ে সাহায্যের জন্য নির্দিষ্ট তারিখের মধ্যে ব্যবস্থা গ্রহণ করতে হতে পারে। বিনামূল্যে বাংলা ভাষাতে সহায়তার জন্য আপনি আপনার আইডি কার্ডে যে নম্বরটি রয়েছে তাতে কল কল করতে পারেন। (Bengali-Bangala)

Beeksisni kun odeeffannoo barbachisa of keessa qaba. Fayummaa keessaan egachuuf ykn wa'ee fayyumaa keessanii ilaalchisee gargarfa argachuufii yeroo merta'ee kana keessatti tarkanfii fudhachu qabdu. Afaan (oromoon) basii tokko malee lakkofsa enyumessaa keessanin bililuu dandessuu. (Cushite)

Céè-djè nìà kè bédjé bǎ kpa djè dǒ bó m̀ bìlì. M̀ kǎ bédjè m̀ ké djè djé bédjè nyu hwè bédjè wé bédjè wa mu nyéné djáùn céè-djè m̀úéé ké zi. M̀ dyie náa nyuín, nìl, wa mu nì wé jè gbo gmòùn m̀oɔ wa mu nì jè péin ɔ jǔ ké m̀ dyi wé ní. M̀ bédjè gbo-kpá-kpá dyéé Bǎsɔ̀-wùdù m̀ú bédjè m̀ ké se wídjì dǒ péé. Dá nòbà nìà nì ID-Káàò kǎ. (Kru-Bassa)

نهم ر اگه پاندنه داگری زانیاری گرنه گه. رنگه پیویست بکات ههسته به پیدانی تیچوو هکاتی بهر له ریکهوتیکی دیاریکراو بو بهر دهو امبوون له بهکار هینانی بیمه ی تندر وستیت یان وهر گرتتی یار ماتی. بو وهر گرتتی رینمایی به خورایی به زمانی کوردی، دهوانیت په یوهندی بکایت به ژماره تلهفونی ناو کارتیی پیناسایی خوت (Kurdish)

ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນສໍາຄັນ. ທ່ານອາດຈະຕ້ອງປະຕິບັດຕາມ ພາຍໃນວັນທີ່ສົມຄວນ ເພື່ອຮັກສາການປະກັນຄຸ້ມຄອງສຸຂະພາບ ຫຼື ຊ່ວຍກັບລາຍຈ່າຍ. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອກັບພາສາລາວ ໂດຍບໍ່ເສຍຄ່າ, ທ່ານສາມາດໂທຫາໝາຍເລກ ທີ່ຢູ່ໃນບັດປະຈຳຕົວ ຂອງ ທ່ານ. (Laotian)

សេចក្តីជូនដំណឹងនេះ មានព័ត៌មានសំខាន់ៗ។ អ្នកអាចត្រូវធ្វើសកម្មភាព ត្រឹមកាលបរិច្ឆេទជាក់លាក់ ដើម្បីទទួលបានការរ៉ាប់រងលើចំណាយផ្នែកសុខភាព ឬ ជំនួយសម្រាប់ចំណាយនានា។ សម្រាប់ជំនួយជា ភាសាខ្មែរ ដោយឥតគិតថ្លៃ អ្នកអាចទាក់ទងលេខទូរសព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។ (Mon-Khmer, Cambodian)

यो सूचनामा महत्त्वपूर्ण जानकारी छ । तपाईंले पाइरहेको स्वास्थ्य बिमा पाइरहन वा तपाईंको खर्चको भुक्तानीमा सहायता पाउन निश्चित समय-सीमाभित्र काम-कारवाही गर्नुपर्ने हुनसक्छ । नेपाली मा निःशुल्क भाषा सहायता पाउनका लागि तपाईंको परिचय-पत्रमा उल्लेख गरिएको नम्बरमा फोन गर्नुहोस् । (Nepali)

Lëk kë anɔŋic thönrilic kər ba piŋ apieth. Yen akər ba ye kë lëkkë yin në doc loi të cìn gäau kua në thaa korë yen ba loi, ago aguiër duön bìn ya lo të noŋ Akim kua kony në yööny de wal ke pan Akim ɲoot ke to thìn abac kë cìn wëu koorke. Yen na kər bī yī kony në gëër de thokic abac ke cìn weu korke, ke yī col nomba tö në ID card duic. (Nilotic-Dinka)

Selle Notice hot wichtige Information. Vielleicht brauchschdt du eppes duhe bis en gewisse Daadem um dei Gsund Inschurans zu behalde odder mit Koschde zu helfe. Fer Helfe in Deitsch mit kenne Koschde, du kannschdt die Nummer uff dei ID Kaarde aarufe. (Pennsylvanian Dutch)

این اطلاعیه حاوی اطلاعاتی مهم است. ممکن است که لازم باشد شما برای حفظ بیمه سلامت خود و یا کمک به هزینه های درمانی خود در تاریخ های معینی اقداماتی انجام دهید. برای دریافت کمک به زبان فارسی به صورت مجانی، می توانید با شماره تلفن موجود روی کارت شناسایی خود تماس حاصل کنید. (Farsi)

Niniejsze pismo zawiera ważne informacje. Aby zachować ubezpieczenie zdrowotne lub zaoszczędzić pieniądze konieczne może być podjęcie pewnych działań w określonych terminach. Aby uzyskać bezpłatnie pomoc w języku polskim, proszę zadzwonić pod numer podany na karcie identyfikacyjnej. (Polish)

