



## Pharmacy Information (Cont.)

Phone Number

Is this an on-site nursing home pharmacy?

YES

NO

NCPDP/NPI Required

X

Signature of Pharmacist or Representative

## Important! A signature is REQUIRED

### NOTICE

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines, denial of benefits and/or imprisonment.

I certify that I (or my eligible dependent) have received the medicine described herein. I certify that I have read and understood this form, and that all the information entered on this form is true and correct.

X

Signature of Patient (REQUIRED)

Date

## STEP 2 Submission Requirements

You **MUST** include all original "pharmacy" receipts in order for your claim to process. "Cash register" receipts will **ONLY** be accepted for diabetes supplies. The minimum information that must be included on your pharmacy receipts is listed below:

- 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 NCPDP Number

Number of prescriptions you are submitting for reimbursement: \_\_\_\_\_

Prescribing physician's national provider identification (NPI) number (required): \_\_\_\_\_

Prescribing physician's information (all fields required):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional comments: \_\_\_\_\_

## STEP 3 Mail completed forms with receipts to:

CVS Caremark  
P.O. Box 52136  
Phoenix, Arizona 85072-2136

### IMPORTANT REMINDER—To avoid having to submit a paper claim form:

- Always have your ID card available at time of purchase.
- Always use pharmacies within your network.
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the number on the back of your ID card.



# Allergy Claim Information

Allergy 1	<b>Date of Purchase (MM/DD/YY)</b> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/>	<b>Number of Vials</b> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/>	<b>Charge per treatment for professional immunotherapy in your office. (\$ Amount)</b> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/>
	<b>Number of Treatments</b> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input type="checkbox"/> Single Dose <input type="checkbox"/> Multidose	<b>Days Supply</b> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/>	<b>Charge for preparation of allergenic extract in location other than your office. (\$ Amount)</b> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/>
	<b>Vial Contains</b> <input type="checkbox"/> Single Antigen <input type="checkbox"/> Multiantigen	<b>Administered By</b> <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Self	<b>Total charge for allergenic extract only. (\$ Amount)</b> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/>
	<b>Directions</b>		
<b>Ingredients</b>			
Allergy 2	<b>Date of Purchase (MM/DD/YY)</b> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/>	<b>Number of Vials</b> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/>	<b>Charge per treatment for professional immunotherapy in your office. (\$ Amount)</b> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/>
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	<b>Directions</b>		
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Allergy 3	<b>Date of Purchase (MM/DD/YY)</b> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/>	<b>Number of Vials</b> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/>	<b>Charge per treatment for professional immunotherapy in your office. (\$ Amount)</b> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid #0070C0;" type="text"/>
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