



## Pharmacy Reimbursement Claim Form

**Step 1** Fill out form completely, providing information for up to two prescriptions. Ask your pharmacist to provide the information requested on this form that may not be familiar to subscriber.

**Step 2** Attach prescription label and receipt of payment for prescription(s). This can be in the form of a prescription information slip

Step 3 Member Information		
Member Full Name:		
Member ID:	Member Date of Birth:	
Street Address:		
City:	State:	Zip:
Telephone ( ) -		
<input type="checkbox"/> Check if new address Have the prescription(s) been submitted to an insurance company other than Geisinger Health Plan. (Please circle) Yes No		
Step 4 Prescription #1 Information		
Pharmacy Name:	Pharmacy NPI:	
Pharmacy Address, City, State, Zip:		
Drug/Product name:	Rx#	
Date Prescription filled:	NDC Dispensed or UPC of COVID OTC Test:	
Day Supply:	Quantity Dispensed:	Amount Paid:
Prescriber:	Prescriber NPI:	
Prescription #2 Information (when applicable)		
Pharmacy Name:	Pharmacy NPI:	
Pharmacy Address, City, State, Zip:		
Drug/Product name:	Rx#	
Date Prescription filled:	NDC Dispensed or UPC of COVID OTC Test:	
Day Supply:	Quantity Dispensed:	Amount Paid:
Prescriber:	Prescriber NPI:	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information is correct, and that the prescription(s) listed above is(are) for myself or member of my family who is eligible. I have received the medication described above and authorize release of all information contained on this claim to my plan sponsor. **For COVID OTC test reimbursements:** I attest the over-the-counter COVID-19 test I purchased is for personal use, not for employment purposes, has not and will not be reimbursed by another party, and is not for resale.

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY AND FILL OUT THE FRONT SIDE OF THIS FORM.

**A SEPARATE FORM MUST BE COMPLETED FOR EACH MEMBER**

**MEMBER SUPPLIED INFORMATION:**

1. Please print the requested information.
2. Print member's insurance id number (found on insurance card)
3. Print member's date of birth in the mm/dd/yyyy format.
4. Print member's name, first, last, middle initial or as it appears on the card.
5. Check box if this is a new address.
6. Indicate if you are seeking other reimbursement for the claims you are submitting
7. Print the pharmacy name.
8. Print the pharmacy address.
9. ATTACH a copy of receipt, prescription package insert or picture of the label on the dispensed medication.
10. For **COVID OTC Home Test reimbursements**, provide the UPC in the NDC Dispensed field.

**PHARMACIST SUPPLIED INFORMATION (contact the dispensing pharmacy for this information):**

1. Print the pharmacy's name (store number if applicable).
2. Enter the pharmacy's NPI number.
3. Print the pharmacy's address.
4. Enter the date of service in the mm/dd/yyyy format.
5. Print the drug name and strength
  - a. **If this is for a compound, please include ALL ingredients used and their NDCs.**
6. Enter the metric quantity dispensed.
7. Enter the 10-digit NDC of the drug dispensed.
8. Enter the amount paid by the member.
9. Print the name of the prescriber.
10. Enter the prescriber's NPI number.

**IMPORTANT:**

1. The member must sign and date each form to be eligible for reimbursement.
2. **Completion and submission of this form does not guarantee requested reimbursement.**

QUESTIONS? Call Geisinger Health Plan Pharmacy Services at 1-800-988-4861 or 570-271-5673

**PLEASE RETURN THIS CLAIM FORM TO:**

GHP PHARMACY DEPARTMENT  
100 N ACADEMY AVE  
DANVILLE, PA 17822-2410

**OR FAX TO:** 570-271-5610

**DID YOU SIGN AND DATE THE FRONT OF THIS CLAIM FORM?**

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

Geisinger Health Plans refers collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company.

HPRX02

REV:01/14/2022