

See the back for instructions. Complete all information.
An incomplete form may delay your reimbursement.



C1001 6-99

Claim Receipts

Please tape your receipts here. **Do not staple!**

Tape receipt for Rx 1 here

Receipts must contain the following information:

- Date prescription filled
- Name and address of pharmacy
- Doctor name or ID number
- NDC number (Drug number)
- Name of drug and strength
- Quantity and days' supply
- Prescription number (Rx number)
- DAW (Dispense As Written)
- Amount paid

Tape receipt for Rx 2 here

Tape receipt for Rx 3 here

Tape receipt for Rx 4 here

Direct Reimbursement Claim Instructions

Read carefully before completing this form

1. Always present your prescription drug ID card at the participating retail pharmacy.
2. Only use this claim form when you have paid a pharmacy full price for a prescription drug order because:
 - the pharmacy does not accept your PAID Prescription Member ID card, or
 - you have not received your PAID Prescription Member ID card.
3. You must complete a **separate** claim form for **each pharmacy** used and for **each patient**.
4. You must submit claims within one year of date of purchase or as required by your Plan.
5. **Be sure your receipts are complete.**
In order for your request to be processed, all receipts must contain the information listed above. Your pharmacist can provide the necessary information if it is not itemized on your claim or bill.
6. The Plan Member should read the Acknowledgment carefully, then sign and date this form.
7. Return the completed form and receipts to:
PAID Prescriptions, L.L.C.
P.O. Box 2187
Lee's Summit, MO 64063-2187