

# Prescription Drug Claim Form For Yale Health Members

## Use this claim form to request reimbursement for prescription drugs purchased:

- Between the effective date of your prescription coverage and the receipt of your card.
- When prescription drugs are purchased at a non-participating pharmacy.  
(Note: Only if allowed by your plan)

## When filling out claim form (reverse side):

- Complete a separate form for each family member for whom prescription drugs were purchased.
- Complete the top portion of the form in full. Incomplete forms will be returned to you.
- Include the patient's ID number.

## Include copies of the prescription receipts showing the following information:

- Pharmacy Name, Address & Phone Number
- Patient Name
- Prescription Number
- Prescription Fill Date
- Drug Name, Strength and NDC Code
- Drug Quantity and Day Supply
- Drug Cost
- Amount Paid

## Please mail the form and receipts to the following address:

**Catamaran  
P.O. Box 968022  
Schaumburg, IL 60196-8022**

**If you have any questions regarding your Direct Member Reimbursement, please call Catamaran  
Member Services at (800) 763-0044.**

**Member Services Hours of Operation: 24 hours a day, 7 days a week.**



Please read the instructions before completing this form. (PLEASE PRINT)

Subscriber Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Subscriber Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name:  
(if different from subscriber): \_\_\_\_\_  
First Middle Last

Patient Member ID Number: \_\_\_\_\_

Status:  faculty/staff/associate  student

Patient's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

If your medication is covered under ANY OTHER Insurance Plan, provide the name of the Employer and Insurance Company:

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is correct and that the person is eligible for benefits. I have received the medication described within and authorize release of all information contained on this voucher to Catamaran and the underwriter.

SUBSCRIBER SIGNATURE: \_\_\_\_\_