

Yale Health Prescription Drug Claim Form



Instructions for completing Prescription Drug Claim Form:

- Complete all sections of the claim form below.
- For compound reimbursement requests, submit a completed Universal Compound Form in addition to this form.
- Pharmacy receipts must be included with your submitted claim form. Pharmacy receipts are attached to the prescription bag at the time of purchase and are not cash register receipts.
- The pharmacy receipts must show the following prescription information for each expense:
 - Pharmacy Name and Address – Patient Name – Amount Paid Out-of-Pocket
 - Prescription Number and Fill Date – Prescriber Name – Drug Cost
 - Drug Name, Strength, and NDC – Quantity and Days-Supply

- Mail or fax the completed form and accompanying receipts to:

Prime Therapeutics

Fax: 1-800-424-7572

Attn: CP – 4102

Phone: 1-800-424-7549

P.O. Box 64811

St. Paul, MN 55164-0811

Note: Remember you must include copies of all pharmacy receipts for your claim to be processed for reimbursement. Pharmacy receipts are attached to the prescription bag at the time of purchase and are not cash register receipts.

1. Patient Name (First, Middle, Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Patient Yale Health ID No. (as shown on ID Card) _____

3. Patient's Birth Date: _____

4. Is the patient eligible for any other Prescription Drug Coverage?

No Yes

If **yes**, complete the following:

Insurance Company Name: _____

Address (Street, City, State, Zip Code): _____

Insured's Name: _____

Insured's ID Number: _____

Insured's Birth Date: _____

Relationship to Insured: _____

Effective Date(s): _____

I certify that the information on this claim form is correct to the best of my knowledge. I authorize the release of any medical information pertaining to this claim to Prime Therapeutics, its agents, or representatives.

Signature: _____ **Date:** _____

<https://yalehealth.yale.edu/>

© 2020–2024 Prime Therapeutics Management LLC, a Prime Therapeutics LLC company

Revision Date: 11/11/2022