

Other Coverage Section: Complete the information below only if you have requested a TrOOP Update—do not complete for direct claim reimbursements alone.

Other Insurance Company Name

Other Policy Number

Other Policy Holder Name

Date of Service	Drug Name – Rx Number	Charge	Amount Patient Paid	Amount Other Payer Paid

PHARMACY INFORMATION (For Compound Prescriptions ONLY)

For compound prescriptions, you must complete the section to the right, and the pharmacy receipt must include the following:

- Name of each ingredient contained in the prescription
- A valid NDC for each ingredient
- The quantity of each ingredient (Note: If you need help getting this compound drug information, please contact your pharmacist.)

RX#	Date Filled	Days Supply
VALID 11-digit NDC#		Quantity
Total Quantity		
Total Charge		

Step-by-Step Instructions

- Complete all applicable sections on side 1.
- You must complete a separate claim form for each pharmacy used.
- Tape pharmacy receipts to an additional piece of paper; do not staple.
- You must submit claims no later than 3 months after the end of the benefit year for the date of purchase.
- Read the acknowledgment at the bottom of side 1; sign and date the form.

Return the completed form and applicable receipt(s) to:

Medco Health Solutions, Inc.
P.O. Box 14718
Lexington, KY 40512

For standard prescriptions, the pharmacy receipt must include:

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

Other Coverage Paid: You must first submit the claim to the primary insurance carrier. Once the Explanation of Benefits (EOB) from the primary plan is received from the primary carrier, complete this form, tape the original prescription receipt(s) on a blank sheet of paper, and enclose the EOB from the primary plan, which clearly indicates the cost of the prescription and what was paid by the primary plan.

Prescription Drug Programs or HMO Plans Card Program: If the primary plan is one in which a co-payment or coinsurance is paid at the pharmacy, then no EOB is needed. Just complete this form and tape the prescription receipt(s) on a blank sheet of paper that shows the co-payment or coinsurance amount paid at the pharmacy. The receipt(s) will serve as the EOB.

The Medco Pharmacy: If the primary plan is the Medco Pharmacy, complete this form and include either the prescription receipt(s) that show(s) the co-payment or coinsurance amount paid to the mail-order pharmacy, or the statement of benefits you receive from the mail-order pharmacy.

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