

Manual Claim Reimbursement Form

Use this form to request reimbursement for prescriptions you paid for without your pharmacy benefit card, or for another reason your health plan has approved.

BEFORE YOU START

- Use one form per patient.
- Complete every field and include the documents listed on page 3. Complete requests are processed within 20 business days of receipt.
- Your pharmacist can help with the prescription details on page 2.
- Reimbursement is based on your plan's pharmacy benefit, terms and filing deadline. The amount may be less than what you paid, after any applicable copay.

1. PATIENT INFORMATION

Contract number		Group number	
Patient name		Date of birth	
Street address			
City	State and ZIP	Phone number	
Legal representative, if applicable			

SIGNATURE

I confirm the information on this form and the attached documents is accurate and complete.

Print name

Signature

Date

2. PRESCRIPTION DETAILS

Your pharmacist can help complete these fields. If you can't fill them in, attach the original pharmacy receipt described on page 3.

Prescription 1

Pharmacy NABP	Rx number	Date dispensed	Quantity
Days supply	Drug name and strength		NDC (11 digits)
Prescriber name		Prescriber NPI	Amount paid

Prescription 2

Pharmacy NABP	Rx number	Date dispensed	Quantity
Days supply	Drug name and strength		NDC (11 digits)
Prescriber name		Prescriber NPI	Amount paid

Prescription 3

Pharmacy NABP	Rx number	Date dispensed	Quantity
Days supply	Drug name and strength		NDC (11 digits)
Prescriber name		Prescriber NPI	Amount paid

Prescription 4

Pharmacy NABP	Rx number	Date dispensed	Quantity
Days supply	Drug name and strength		NDC (11 digits)
Prescriber name		Prescriber NPI	Amount paid

Prescription 5

Pharmacy NABP	Rx number	Date dispensed	Quantity
Days supply	Drug name and strength		NDC (11 digits)
Prescriber name		Prescriber NPI	Amount paid

3. DOCUMENTS TO INCLUDE

- ☐ **Cash register receipt.** Required for every request.
- ☐ **Copy of your prescription.** Recommended.
- ☐ **Original pharmacy receipt.** Required if you could not complete the prescription details on page 2. The receipt should show:
 - Drug name, strength and quantity
 - National Drug Code (NDC)
 - Date dispensed
 - Prescriber name and NPI
 - Prescription number
 - Amount paid
 - Pharmacy name, address, phone and NPI

4. SIGN AND MAIL

Sign page 1, then send the completed form and documents by regular mail to:

TransparentRx

Attn: Manual Claims Reimbursement
10845 Griffith Peak Drive, Suite 200
Las Vegas, NV 89135

WHAT TO EXPECT

Allow 20 business days for processing. Questions? Call Customer Service at (866) 499-1940.

As a fiduciary to your health plan, TransparentRx reviews every claim against your plan's terms with full transparency and in the best interest of you and your plan.