PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

Secondary Insurance Prescription Drug Claim Form

Instructions for requesting reimbursement

Use this form if you meet the following requirements:

- Your pharmacy benefits are covered by a health plan other than Premera
- Your secondary insurance is Premera
- You are requesting reimbursement for the balance of your prescription costs

INSTRUCTIONS

1. Complete all information, following all instructions carefully. An incomplete form and/or missing attachments may delay your reimbursement.
2. Complete a separate form for each person and pharmacy.
3. List prescription drug purchases in date order.
4. Attach the itemized receipts from the pharmacy that clearly identify the prescription drug name that was purchased, and the amount paid. Cash register receipts are not accepted. Tape the itemized receipts to the reverse side of the form or on a separate sheet of paper if you are mailing the form. Please do not staple.
5. Use a separate sheet of paper if you have additional receipts.
6. If your primary health plan denied the claim, please submit the denial letter you received from your primary insurance. An Explanation of Benefits (EOB) from your primary health plan or a pharmacy receipt indicating the copay amount from the primary health plan must also be attached.
7. Keep a copy of the form and all attachments for your records.

SUBMIT YOUR COMPLETED FORM AND RECEIPTS

Return the completed form and all attachments by mail to the following:

Premera Blue Cross Blue Shield of Alaska
PO Box 91059
Seattle, WA 98111-9159

Or email through Secure Inbox:

You may submit electronically through secure email by signing in to your secure account at **premera.com** and uploading the documents.

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Secondary Insurance Prescription Drug Claim Form

1. Subscriber / Patient / Pharmacy information

Complete a separate form for each person and pharmacy

Subscriber name (who the insurance is listed under)		Patient's name
Subscriber ID number	Subscriber group number	Patient's relationship to subscriber ☐ Self ☐ Spouse/Domestic partner ☐ Dependent
Name of subscriber's employer		Pharmacy name
Subscriber's mailing address		Pharmacy's mailing address

2. List prescription drug purchases in date order

	Date of purchase	Amount charged	Balance after primary ins. benefits	Drug quantity units/days	Name of each drug	Rx number NDC number*	Prescribing provider	Receipt and EOB attached?
1								☐ Yes ☐ No
2								☐ Yes ☐ No
3								☐ Yes ☐ No
4								☐ Yes ☐ No
5								☐ Yes ☐ No
6								☐ Yes ☐ No
7								☐ Yes ☐ No
8								☐ Yes ☐ No
9								☐ Yes ☐ No
10								☐ Yes ☐ No

3. Subscriber signature

I hereby certify that the above drugs were necessary for treatment of the illness/injury reported and were purchased for the individual named above.

X Date

Use a separate sheet of paper if you have additional receipts. Keep a copy of this form and all attachments for your records.

Return completed form and all attachments to Premera Blue Cross Blue Shield of Alaska, PO Box 91059, Seattle, WA 98111-9159.

You may submit electronically through a secure email box by signing in to your secure account at **premera.com**.

If you have any questions, call the customer service number on the back of your member ID card.

* National Drug Code

Notice of availability and nondiscrimination **800-508-4722 | TTY: 711**

Call for free language assistance services and appropriate auxiliary aids and services.
Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.
Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.
무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.
Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.
Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.
呼吁提供免费的语言援助服务和适当的辅助设备及服务。
呼籲提供免費的語言援助服務和適當的輔助設備及服務。
Vala‘au mo auaunaga tau fesoasoani mo gagana e leai ni totogi ma fesoasoani fa‘aopo‘opo talafeagai ma auaunaga.
ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
無料言語支援サービスと適切な補助器具及びサービスをお求めください。
Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.
Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.
Звертайтесь за безкоштовною мовною підтримкою та відповідними додатковими послугами.
ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่น ๆ เพิ่มเติม
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.
Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.
Appelez pour obtenir des services gratuits d’assistance linguistique et des aides et services auxiliaires appropriés.
Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.
Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.
اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.
برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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