



PacificSource Community Solutions  
 PO Box 5729, Bend, OR 97708-5729  
 800.431.4135  
 CommunitySolutions.PacificSource.com

### Pharmacy Claim Reimbursement Form

Usted puede recibir este documento en otro idioma, impreso en letra más grande o de cualquier otra manera que sea mejor para usted. Llame al número gratuito (800) 431-4135. Los usuarios del servicio TTY pueden llamar al (800) 735-2900.

*You can get this letter in another language, large print, or another way that's best for you. Call (800) 431-4135 TTY (800) 735-2900.*

Please attach proof of payment to completed form. *Please do not include original receipts.*

<b>A. Member Information</b>		<b>Today's Date:</b>	
Name (Last, First, MI):		Member ID Number:	Date of Birth: / /
Address:		City:	State: Zip Code:
Please explain why your member card was not used to pay for your medicine:			
<b>B. Pharmacy Information</b>			
Pharmacy Name:			
Address:			
Phone:		NPI/NAPB Number:	
<b>C. Claim(s) Information</b>			
1. Is this a compound Rx?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fill Date:	Rx Number:	Quantity: Day Supply:

National Drug Code (NDC):	Drug Name:	Strength/Dosage:	Total Cost:
Prescriber Name:	NPI Number:	Phone Number:	
2. Is this a compound Rx?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fill Date:	Rx Number:	Quantity: Day Supply:
National Drug Code (NDC):	Drug Name:	Strength/Dosage:	Total Cost:
Prescriber Name:	NPI Number:	Phone Number:	
3. Is this a compound Rx?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fill Date:	Rx Number:	Quantity: Day Supply:
National Drug Code (NDC):	Drug Name:	Strength/Dosage:	Total Cost:
Prescriber Name:	NPI Number:	Phone Number:	

**Compounds:**

**Even if you have itemized receipts, the following must be completed** if the prescriptions being submitted for a refund are compound drugs.

NDC Number	Ingredient	Quantity	Cost
Compounding Fee			

I certify that the information on this claim form is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail completed form and proof of payment to:**

PacificSource Community Solutions  
 Attn: Pharmacy Services  
 PO Box 5729  
 Bend, Oregon 97708-5729

Refund of submitted claims is subject to your prescription benefit. If a refund is allowed, it will be only for the amount your prescription benefit would have paid. The amount of your refund may be lower than the original amount you paid.