PacificSource Community Solutions, Inc.
PO Box 5729, Bend, OR 97708-5729
800.431.4135 Central Oregon
855.204.2965 Columbia Gorge
CommunitySolutions.PacificSource.com

Pharmacy Claim Reimbursement Form

Si usted necesita servicios de intérprete, por favor llame al teléfono (800) 431-4135 si vive en Central Oregon o al teléfono (855) 204-2965 si vive en Columbia Gorge.

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

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

A. Member Information		**Today's Date:**	
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. Pharmacy Information	
Pharmacy Name:	
Address:	
Phone:	NPI/NAPB Number:

C. Claim(s) Information				
1. Is this a compound Rx?: □ Yes □ 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?: □ Yes □ 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?: □ Yes □ 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.