



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?: <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: | |
| <u>Compounds:</u> 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.