



Medicare Part D Direct Member Reimbursement Form

Please read carefully and fill out the entire form.

Directions:

1. This form must be completely filled out in order to process your claim(s).
2. Attach all prescription receipt(s) to the back of this form.
3. All receipts must contain all of the following information or they will not be accepted: RX number, date filled, Pharmacy NPI#, drug name with NDC number, strength, quantity, days supply, and amount paid.
4. If you have any questions, please call Member Services: 1-877-725-4581 (TTY/TDD 1-800-649-3777) or 711.
5. The form should be signed by the member and mailed to: CVS Caremark
Med D Claims
P.O. Box 52066
Phoenix, AZ 85072-2066

Reason for Submitting Direct Member Reimbursement

☐ Missing Proof of Insurance ☐ Out of Network Pharmacy ☐ Other

If "Out of Network" or "Other," please explain: _____

Member Information • Please Print

Member Name (First, Last) _____ Member ID Number _____ Phone _____ Date of Birth _____

Street Address _____ Apt. _____

City _____ State _____ Zip Code _____

Prescription Information

Rx Number	Date Rx Filled	Pharmacy NPI#	Drug Name and NDC Number	Strength	Quantity	Days Supply	Amount You Paid

For Office Use Only

Entered by: _____ Date: _____ Quality Auditor: _____ Date: _____ Scanned by: _____ Date: _____



To access a Direct Member Reimbursement form on the Internet, go to
www.caresource.com

This form is not for Coverage Determinations

Helpful Hints to Speed Up your Reimbursement

Did you include the following information?

- Member ID number
- Actual pharmacy receipts and/or pharmacy print-outs
- The pharmacy/Provider NPI number
- The quantity and days supply for each prescription
- The drug NDC# (National Drug Code) *Can be found on pharmacy receipt in most cases. If not, ask the pharmacist.
- Print your name and member ID
- Is your correct mailing address printed on the front of this form?

Facts to know

Member reimbursements may take up to 30 calendar days to receive.

Use this form every time you are submitting claim(s) for reimbursement!

Save time by making copies of this form for future reimbursements.

The Member Services Center is open daily from 8:00 A.M. – 8:00 P.M (local time).

Member Services is closed on Thanksgiving day and Christmas.

Member Services Phone Number: 1-877-725-4581

TTY/TDD 1-800-649-3777 or 711

I hereby certify that the accompanying statements, are to the best of my knowledge true, correct and complete. I hereby authorize any Physician or service provided to furnish and disclose all known facts concerning this claim, upon request from the claim administrator. I will reimburse the fund for any overpayment made to me or on my behalf due to error on this form.

MEMBER SIGNATURE

DATE