

## PHARMACY SERVICES PRESCRIPTION DRUG CLAIM FORM

1. This form is to be used to claim prescription drug benefits provided to eligible GuildNet Gold members.
2. Please complete all sections. We need all the information requested to process your claims.
3. Have your pharmacist complete sections B and C. Receipts must be attached.
4. Use a separate form for each member. In addition, use a separate form for each pharmacy serving the member.
5. Send the form and receipts to:  
 GuildNet Gold  
 <PO Box 1520 JAF Station  
 New York, NY 10116-1520>

<b>A. SUBSCRIBER INFORMATION</b>	<b>FOR OFFICE USE</b>
ID #	Claim #
Member Name (Last) (First) (MI)	
Street Address	
City	State      ZIP
Date of Birth: ____/____/____	Male    Female      Member ID#
I certify that all Member Information is correct and the medication has been dispensed. I authorize release of any information relating to this claim to GuildNet Gold, and all necessary third parties, including Emblem Health, for purposes of claims investigation and payment, utilization review and audit.	
MEMBER SIGNATURE	

Please see next page.

<b>B. PHARMACY INFORMATION</b> NABP #	Telephone number	Pharmacy Name
Pharmacy Street Address		
City	State	ZIP
I certify that the prescription(s) listed below were lawfully dispensed for the above-named patient, information provided is correct and all supporting documents are available for audit.		
PHARMACIST'S SIGNATURE		

<b>C. PRESCRIPTION INFORMATION</b>		<b>Name of Medication</b>		<b>Rx #</b>	
Date dispensed: ___/___/___					
NDC#	New Refill	Qty Dispensed	Strength	Days Supply	Rx Cost \$
Prescriber Name			Prescriber State License #		

<b>PRESCRIPTION INFORMATION</b>		<b>Name of Medication</b>		<b>Rx #</b>	
Date dispensed: ___/___/___					
NDC#	New Refill	Qty Dispensed	Strength	Days Supply	Rx Cost \$
Prescriber Name			Prescriber State License #		

<b>PRESCRIPTION INFORMATION</b>		<b>Name of Medication</b>		<b>Rx #</b>	
Date dispensed: ___/___/___					
NDC#	New Refill	Qty Dispensed	Strength	Days Supply	Rx Cost \$
Prescriber Name			Prescriber State License #		

GuildNet Gold is a HMO-POS SNP plan with a Medicare and New York State Medicaid contract. Enrollment in GuildNet Gold depends on contract renewal.

All beneficiaries must use their plan sponsor's network pharmacies to access their prescription drug benefit, except under non-routine circumstances. Limitations, co-payments and restrictions may apply.

This information is available for free in other languages. Please contact Member Services at 1-800-815-0000 for additional information. (TTY users should call 1-800-662-1220.) Hours are Monday through Sunday, 8am to 8pm. Member Services also has free language interpreter services available for non-English (phone numbers are printed on the back cover of this booklet).

Esta información está disponible en otros idiomas a gratis. Por favor llame a Servicio para los Miembros, al 1-800-815-0000 para obtener información adicional. (Los usuarios de TTY deben llamar al 1-800-662-1220). Se atiende lunes a domingo, 8am a 8pm. Servicio para los Miembros tienen servicios gratuitos de intérprete de idioma disponibles para altavoces de no-inglés.