LifeWise

Secondary Insurance Prescription Drug Claim Form

INSTRUCTIONS:

- *This form is to be used for **secondary** prescription claim submissions only. Call the Customer Service number listed on the back of your ID card for the proper form for primary insurance claim submission.*
- *Complete all information, following all instructions carefully. An incomplete form and/or missing attachments may delay your reimbursement.*

1. SUBSCRIBER / PATIENT / PHARMACY INFORMATION — *complete a separate form for each person and each pharmacy*

Subscriber (employee) name		Patient name
Subscriber ID number	Subscriber group number	Patient relationship to subscriber ☐ Self ☐ Spouse / domestic partner ☐ Dependent
Subscriber employer's name		Pharmacy name
Subscriber mailing address		Pharmacy mailing address

2. PRESCRIPTION DRUG RECEIPTS — *limit 10 receipts per form*

- *List prescription drugs in date order, limiting 10 receipts per form. Use a separate form for additional receipts.*
- *All prescriptions listed must be for the same person and same pharmacy. Use a separate form for each person, each pharmacy.*
- *Receipts must be attached. Do not staple! Tape receipts to reverse side or on a separate sheet. Cash register receipts are not acceptable.*
- *Explanation of benefits (EOB) from primary insurance or pharmacy receipt indicating copay amount from primary coverage must also be attached.*

	Date of Purchase	Amount Charged	Balance after Primary Ins. Benefits	Drug Quantity Units/Days	Name of Each Drug	Rx Number NDC Number	Prescribing Physician	Receipt and EOB attached?
1								☐ Yes ☐ No
2								☐ Yes ☐ No
3								☐ Yes ☐ No
4								☐ Yes ☐ No
5								☐ Yes ☐ No
6								☐ Yes ☐ No
7								☐ Yes ☐ No
8								☐ Yes ☐ No
9								☐ Yes ☐ No
10								☐ Yes ☐ No

3. SUBSCRIBER SIGNATURE

I hereby certify that the above drugs were necessary for treatment of the illness/injury reported and were purchased for the individual named above.

X Date

Keep a copy of this form and all attachments for your records.

Return completed form and all attachments to LifeWise Health Plan of Washington, P.O. Box 91059, Seattle, WA 98111-9159.

Call Customer Service with any questions at the phone number shown on the back of your ID card.

Discrimination is Against the Law

LifeWise Health Plan of Washington complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through LifeWise Health Plan of Washington. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-592-6804 (TTY: 800-842-5357).

Español (Spanish): Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de LifeWise Health Plan of Washington. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-592-6804 (TTY: 800-842-5357).

中文 **(Chinese): 本通知有重要的訊息。**本通知可能有關於您透過 LifeWise Health Plan of Washington 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-592-6804 (TTY: 800-842-5357)。

Tiếng Việt (Vietnamese): Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình LifeWise Health Plan of Washington. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-592-6804 (TTY: 800-842-5357).

Tagalog (Tagalog): Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng LifeWise Health Plan of Washington. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-592-6804 (TTY: 800-842-5357).