

INSTRUCTIONS

Please read this carefully before completing the claim form. Claim forms without the required information will be returned.

PATIENT INSTRUCTIONS

1. Bring the claim form to the pharmacy when you obtain a prescription.
2. Each prescription **must have an original prescription receipt** returned with the claim form. A cash register tape is **not** satisfactory evidence of purchase.
3. A separate claim form must be used for each prescription.
4. You must complete Sections A, C and E. Your pharmacist must complete Sections B and D.
5. **If you have prescription drug benefits through another insurance carrier (and you are submitting co-payments) the pharmacist does not need to sign the form. Just complete sections A & C and attach your receipt in Section E.**
6. Submit this claim form to Medical Mutual of Ohio.

PHARMACIST INSTRUCTIONS

1. Please complete all information under Section B and D for each prescription filled.
2. Claims for syringes will be paid only if dispensed on the same prescription with insulin. **Consecutive Rx numbers should be used for insulin and syringes.**
3. Compound medications will be paid only if **at least one component is a Federal Legend Drug**. The NDC number that should be used for compounds is 99999-9999-99. The "Medication Name" box should itemize all Federal Legend Drugs contained in the compound.
4. Each claim form must include the pharmacy name, address and NABP I.D. Number.

**Enclose your completed claim form (including the original receipt)
in an envelope and mail to:**

**MEDICAL MUTUAL OF OHIO
PO BOX 91487
CLEVELAND OH 44101-3487**