

## PHARMACY SERVICES PRESCRIPTION DRUG CLAIM FORM

1. This form is to be used to claim prescription drug benefits provided to eligible GuildNet Gold Plus FIDA Plan participants.
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 participant. In addition, use a separate form for each pharmacy serving the participant.
5. Send the form and receipts to:  
 GuildNet Gold Plus FIDA Plan  
 PO Box 1520 JAF Station  
 New York, NY 10116-1520

<b>A. SUBSCRIBER INFORMATION</b>	<b>FOR OFFICE USE</b>	
ID #	Claim #	
Participant Name (Last) (First) (MI)		
Street Address		
City	State	ZIP
Date of Birth: ____/____/____	Male    Female	Participant ID#
I certify that all Participant Information is correct and the medication has been dispensed. I authorize release of any information relating to this claim to GuildNet Gold Plus FIDA Plan, and all necessary third parties, including Emblem Health, for purposes of claims investigation and payment, utilization review and		
Participant 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>  Date dispensed: ___/___/___		<b>Name of Medication</b>		<b>Rx #</b>	
NDC#	New    Refill	Qty Dispensed	Strength	Days Supply	Rx Cost \$
Prescriber Name			Prescriber State License #		
<b>PRESCRIPTION INFORMATION</b>  Date dispensed: ___/___/___		<b>Name of Medication</b>		<b>Rx #</b>	
NDC#	New    Refill	Qty Dispensed	Strength	Days Supply	Rx Cost \$
Prescriber Name			Prescriber State License #		
<b>PRESCRIPTION INFORMATION</b>  Date dispensed: ___/___/___		<b>Name of Medication</b>		<b>Rx #</b>	
NDC#	New    Refill	Qty Dispensed	Strength	Days Supply	Rx Cost \$
Prescriber Name			Prescriber State License #		

GuildNet Gold Plus FIDA Plan is a managed care plan that contracts with both Medicare and New York State Department of Health (Medicaid) to provide benefits of both programs to Participants through the Fully Integrated Duals Advantage (FIDA) Demonstration.

Participants generally must use network pharmacies to access their prescription drug benefit.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

Benefits may change on January 1 of each year.

If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-815-0000 or TTY 711, Monday through Sunday, 8am to 8pm. The call is free.

Si habla *español*, los servicios de asistencia lingüística están a su disposición gratuitamente. Llame al 1-800-815-0000 o TTY/TDD 711, de lunes a domingo, 8am a 8pm. La llamada es gratis.

You can get this document for free in other formats, such as large print, braille, or audio. Call 1-800-815-0000 or TTY 711, Monday through Sunday, 8am to 8pm. The call is free.

Usted puede obtener este documento gratis en otros formatos, como en letra grande, braille o audio. Llame al 1-800-815-0000 o TTY/TDD al 711, de lunes a domingo, 8am a 8pm. La llamada es gratis.

The State of New York has created a Participant Ombudsman Program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by GuildNet Gold Plus FIDA Plan. ICAN may be reached toll-free at 1-844-614-8800 or online at [icannys.org](http://icannys.org). (TTY users call 711, then follow the prompts to dial 844-614-8800.)