

## 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>	
<b>Date dispensed:</b> ___/___/___					
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>	
<b>Date dispensed:</b> ___/___/___					
NDC#	New Refill	Qty Dispensed	Strength	Days Supply	Rx Cost
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Prescriber Name			Prescriber State License #		

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

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

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.

Limitations, co-payments and restrictions may apply.

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

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-815-0000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-815-0000（TTY：711）。