Benefit Administrators, Inc.
Claims Divison
4615 Walzem Road, Suite 300
San Antonio, TX 78218
1-800-298-7269

For FCE use only
Plan No. ☐☐☐☐ Claim No. ☐☐☐☐☐☐☐☐

PRESCRIPTION DRUG CLAIM FORM

Complete the information below for reimbursement of covered prescription drug claims.

Cardholder Name: _____ _____ _____

Cardholder ID Number: _____ Four-Digit Plan Code_____ _____

Cardholder Address: _____
Street Address City State Zip

Employee Name: _____ _____
First Name Middle Name Last Name

Patient Name: _____
First Name Middle Name Last Name

If your medication is covered under ***any other*** insurance plan, provide the name of the employer and insurance company:

_____

Note: If the primary insurance company does not pay a pharmacy benefit, an Explanation of Benefits from the primary insurance company or a print-out from the pharmacy explaining the reason for non-payment should be submitted with this claim form.

I certify that the above information is correct and that the person is eligible for benefits. I have recievced the medication described herein and authorize release release of all information contained on this voucher to FCE and the underwriter.

I agree that any benefit payable hereunder for prescription drugs is not assignable and that any assignment or attempted assignment thereof shall be void. I further represent that there has been no assignment of benefits hereunder.

Cardholder Signature _____

Date: _____ Phone number: _____ _____

Attach copies of prescription receipt showing: Pharmacy name, prescription number, drug name, drug cost, patient name, fill date, quantity and days supply.

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FORMULARIO DE RECLAMO DE MEDICAMENTO DE VENTA CON RECETA

Complete la información a continuación para el reembolso de las reclamo de medicamentos cubiertos de venta con receta.

Nombre del titular: _____

Nombre de identificación del titular: _____ Código del plan de cuatro dígitos_____

Dirección del titular: _____
Dirección Ciudad Estado Código Postal

Nombre del empleado: _____
Nombre de pila Segundo nombre Apellido

Nombre del paciente: _____
Nombre de pila Segundo nombre Apellido

Si su medicamento está cubierto bajo ***cualquier otro*** plan de seguro, proporcione el nombre del empleador y de la compañía aseguradora:

_____

Nota: Si la compañía aseguradora principal no paga un beneficio de farmacia, se debe enviar con este formulario de reclamo una Explicación de Beneficios de la compañía aseguradora principal o un documento impreso de la farmacia que explique el motivo por el cual no efectúa el pago.

Certifico que la información arriba mencionada es correcta y que la persona es elegible para recibir los beneficios. He recibido la medicación aquí descripta y autorizo la divulgación de toda información incluida en este comprobante a FCE y al suscriptor.

Acepto que aquellos beneficios pagaderos a continuación para los medicamentos de venta con receta no son transferibles y que cualquier asignación o intento de asignación de los mismos serán inválidos. También afirmo que no ha habido una asignación de beneficios.

Firma del titular _____

Fecha: Número de teléfono: _____

Adjunte copias del recibo de los medicamentos que indiquen: nombre de la farmacia, número de receta, nombre del medicamento, costo del medicamento, nombre del paciente, fecha de surtido, cantidad y días de suministro.

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete, or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Any person who **knowingly presents a false or fraudulent claim** for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Important Notice

- ***In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

- ***For Residents of Alabama:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.

- ***For residents of Colorado:*** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

- ***For residents of the District of Columbia:*** *WARNING:* It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

- ***For residents of Florida:*** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

- ***For residents of Kentucky:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

- ***For residents of Maine, Tennessee and Washington:*** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

- ***For residents of Oregon:*** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

- ***For residents of Maryland:*** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

- ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

- ***For residents of New Mexico:*** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

- ***For residents of New York:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

- ***For residents of Ohio:*** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

- ***For residents of Oklahoma:*** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

- ***For residents of Pennsylvania:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

- ***For residents of Texas:*** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

- ***For resident of Virginia:*** Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a false or deceptive statement may have violated state law.