



L.A. Care
HEALTH PLAN®

Prescription Drug Claim Form

Compound Claim

Part 1: Member Information

1. Complete ALL information. Your ID Number can be located on your member ID card.
2. Submit claims within the filing period specified by your Benefit plan. For questions about your filing period please review your Member handbook or call the Customer Care number on your member ID card.
3. Please submit a separate form for each patient for which you purchased medications.

First Name	Last Name	MI
Telephone Number ()	Date of Birth	Gender (Circle One) Male Female
ID Number	Subscriber's Employer (PCN)	
Mailing Address		
City	State	ZIP Code
Member Signature		Date Signed

Part 2: Pharmacy Information

1. Complete ALL information.
2. Please submit a separate form for each pharmacy from which you purchased medications.

Name		
Street Address		
City	State	ZIP Code
Pharmacy National Provider Number		Telephone Number ()
Pharmacist Signature		

For Reimbursement of Compound Drug Preparation, see the table below. Please indicate the time spent preparing the compound drug in the Receipt Information on page 2.

Time	Reimbursement
1 – 5 minutes	\$10.00
6 – 15 minutes	\$15.00
16 – 30 minutes	\$20.00
31+ minutes	\$25.00

Part 3: Receipt Information

1. Include original pharmacy receipt(s) or pharmacy printout(s); Cash Register Receipt(s) without pharmacy detail will not be accepted. Tape original pharmacy receipt(s) to additional page and submit with claim form. *Please DO NOT staple.*
 - a. Compound medications must have at least 2 ingredients, and at least 1 ingredient must be a Federal legend drug.
 - b. All active ingredients must be covered as part of your formulary and all script information must be submitted.
2. Receipt(s) must contain the information outlined under Part 3. If your receipt(s) are missing any of this information, please have your pharmacist fill in the missing information.
3. Please provide the explanation of benefits (EOB) or denial letter from the primary insurance carrier if you have primary coverage with another insurance carrier.
4. An incomplete form may be denied, delayed or returned.
5. Receipts will not be returned, remember to keep a copy of the completed claim form and receipt(s) for your records.

Date Rx Filled	Diagnosis Code and Description	
Rx Number	Final Form of Compound (cream, patches, suppository, suspension, etc.)	
Diagnosis Code/Description	Total Volume (grams, ml, each, etc.)	Day Supply
Prescribing Physician First/Last Name		Prescribing Physician NPI
Original Cost of Rx	Amount Primary Insurance Paid on Rx	Member Paid Amount

Compound Ingredients

	Ingredient Name	Ingredient NDC	Metric Decimal Quantity	AWP/WAC
1				
2				
3				
4				
			Total Ingredient Cost	
			Preparation Time	
			Member Copay	

Reimburse (Circle One)	
Pharmacy	Member

Mail this form along with receipts to:

Navitus Health Solutions
P.O. Box 1039 Appleton, WI 54912-1039

If you have any questions, contact L.A. Care Cal MediConnect Plan member services at 1-888-522-1298. TTY/TDD users should call 1-888-212-4460. We are available 24 hours a day, 7 days a week (including holidays).

You can get this information for free in other languages. Call **1-888-522-1298** (TTY: **1-888-212-4460**). The call is free.

Puede obtener esta información gratis en otros idiomas. Llame al **1-888-522-1298** (TTY: **1-888-212-4460**). La llamada es gratis.

می توانید این اطلاعات را به زبان های دیگر به رایگان در اختیار داشته باشید. با شماره تلفن **1-888-522-1298** تماس بگیرید (TTY: **1-888-212-4460**). تماس با این شماره رایگان است.

Այս տեղեկությունները անվճար կարող եք ստանալ այլ լեզուներով: Չանգահարեք **1-888-522-1298** հեռախոսահամարով (TTY՝ **1-888-212-4460**): Չանգն անվճար է:

អ្នកអាចទទួលបានព័ត៌មាននេះជាភាសាផ្សេងៗដោយឥតគិតថ្លៃ។ សូមហៅលេខ **1-888-522-1298** (TTY: **1-888-212-4460**)។ ការហៅនេះគឺឥតគិតថ្លៃឡើយ។

이 정보는 다른 언어로도 무료로 구하실 수 있습니다. **1-888-522-1298** (TTY: **1-888-212-4460**)로 전화하시면 되며 통화료는 무료입니다.

Вы можете бесплатно получить эту информацию на других языках. Позвоните по номеру телефона **1-888-522-1298** (TTY: **1-888-212-4460**). Звонок бесплатный.

Makukuha ninyo ang impormasyong ito nang libre sa ibang mga wika. Tumawag sa **1-888-522-1298** (TTY: **1-888-212-4460**). Ang tawag ay libre.

本資訊備有其他語言版本供您免費索取。請致電**1-888-522-1298** (TTY: **1-888-212-4460**)。這是免費電話。

Quý vị có thể được cấp thông tin này miễn phí bằng nhiều ngôn ngữ. Vui lòng gọi số **1-888-522-1298** (TTY: **1-888-212-4460**). Số điện thoại này miễn phí.

يمكنك الحصول على هذه المعلومات مجانًا بلغات أخرياتصل على الرقم **1-888-522-1298** (رقم الهاتف النصي: **1-888-212-4460**). هذه المكالمات مجانية.