



Direct Member Reimbursement Form (cont.)

Why do you need to file for reimbursement? (check one): ☐ Pharmacy Denied Claim ☐ Out of Network Pharmacy ☐ Traveling ☐ Other

MEMBER INFORMATION (Information can be found on Member ID card)

Employer Name:		Issuer Number:	
Rx PCN:	Rx BIN:	Rx Group:	
Primary Member (Last, First, MI):		Member ID:	
Patient (Last, First, MI):		Date of Birth (patient):	Patient Sex:
Relationship to Member:		<input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> other	
Mailing Address of Primary Member:		Patient Email Address:	
City:	State: Choose State	Zip Code:	

PRESCRIPTION INFORMATION

	Rx CLAIM 1	CLAIM 2	CLAIM 3	CLAIM 4
Rx Number:	1185663			
Date Filled:	08/11/2024			
Date Script Written:	08/11/2024			
Name of Drug:	Allopurinol			
NDC Number: (obtain from your pharmacy)	00603-2115-32			
Strength:	100 MG			
Dosage Form:	Tablet			
Manufacturer:				
Product Number:				
Metric Qty Dispensed:	90			
Day Supply:	90			
Prescriber NPI or DEA Number: (obtain from your physician)	If not found on document, call and ask the pharmacy for it.			
Original Cost of Prescription:	19.79	If you do not know the original cost, ask the pharmacy		
Prescription Price Paid by Member:	3.57			
Benefit Coordination: Amount Paid by Primary Insurance, if applicable:	16.00	If you are unsure of what your primary paid, ask the pharmacy		

PHARMACY INFORMATION

Pharmacy Name:			
Pharmacy Address:			
Pharmacy Phone Number:		Pharmacy NCPDP: (obtain from your pharmacy)	

I certify that the information on this form is correct and accurately reflects the prescriptions dispensed and prices I paid, and that these prescriptions are for the sole use of the named patients, and that the claims being submitted for payment are not eligible for payment under another prescription benefit.

Primary Member Signature _____ Date _____
Print _____ Contact Phone Number _____

Promised: 8/12/24, 6:00 PM

Scripts: 01

ReadyFit

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Prescription Information

www.cvs.com/druginfo

	1 TABLET	ALLOPURINOL 100 MG TABLET Common brand(s): Zylprim Take 1 tablet by mouth every day for 90 days
▲ PHARMACY ADVICE See back for more information		Important Information <ul style="list-style-type: none">- CAUTION: DO NOT USE WITH ALCOHOL OR NONPRESCRIBED DRUGS WITHOUT CONSULTING THE PRESCRIBING PRACTITIONER.- May cause drowsiness. Use care when operating a vehicle, vessel or machine.- Take this medication with plenty of water.- If this medication upsets your stomach, it may be taken after meals.

Receipt & Refill Information

CVS Pharmacy STORE#: [REDACTED]	ALLOPURINOL 100 MG TABLET
STORE TEL: [REDACTED] RX: 1185663 02 RF	NDC: 00603-2115-32 DAW: 0 QTY: 90 EA
INSURANCE INFORMATION: TP 36525 GF HTHCOM AUTH: 24224092401202799	CAP: Safety MFR PKG: Yes
RETAIL PRICE: \$19.79	REFILL: 0 Refills MFR: QUALITEST/PAR P PRSCBR: T [REDACTED] DAYS SUPPLY: 90 DATE FILLED: 8/11/24
	AMOUNT DUE: \$3.57

Notes from the Pharmacy

[Empty box for pharmacy notes]

OPEN
HERE