

MAXORPLUS PRESCRIPTION DRUG CLAIM FORM

Please Read Carefully Before Completing This Form

Use this claim form to request reimbursement for prescription drugs purchased:

- * In emergency situations when a non-participating pharmacy is utilized.

When filling out claim forms:

- * Complete a separate form for each family member for whom prescription drugs were purchased.
- * Complete a separate form for each pharmacy where prescription drugs were purchased.
- * Complete the top portion of the form in full. Incomplete forms will be returned to you for completion.
- * Include these numbers from your prescription card:
 - Plan member's (insured) social security number/ID number
 - Patient code - two-digit number assigned to individual family member (listed on card)
- * Attach a copy of your prescription receipt to the lower portion OR give to your pharmacist to complete.

If you have any questions, please call: MAXORPLUS Customer Service at (800) 687-0707.

FOLD WITH ADDRESS ON OUTSIDE, AFFIX POSTAGE AND MAIL

Patient Reimbursement Claims

MAXORPLUS

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