

■ Please mail completed claim form to: AdvancePCS
P.O. Box 52162
Phoenix, Arizona 85072-2162

■ For your protection state law requires the following statement to appear on this form. 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

■ Allergen and Compound Definitions:

Allergen - A prescription for a substance that causes an allergy, prepared in precise dosage to treat that allergy. Please complete an Allergy Claim Form.

Compound - Any medication the pharmacist creates by mixing two or more ingredients, at least one of which is a prescription drug. Please list the ingredients used to create the compound. Contact your pharmacist for this information.

AdvancePCS Card Identification Numbers

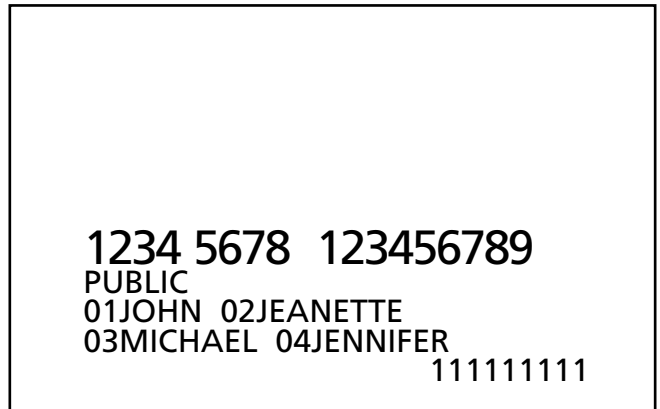
Your AdvancePCS card may look like one of the representations below.

The top line of every AdvancePCS card indicates:

- 1) Carrier# (First set of four digits that identify your plan administrator)
- 2) Group # (Second set of four digits that identify your employer)
- 3) ID# (The last nine digits that identify the insured)

Certain AdvancePCS programs require an additional identification number:

- 4) Patient ID Code - a two digit number that identifies which family members are covered under your AdvancePCS program. If your card contains patient ID codes (see illustration), please indicate the two-digit patient ID code for the patient whom reimbursement is being requested. Place this code in the boxes provided on the front of this form.



Field Definitions for the AdvancePCS card.

RXBIN - tells the pharmacy where to submit the claim

RXGRP - identifies your plan administrator. This number is also known as the Carrier Group number

ISSUER - is a unique business identification number

ID: identifies the enrollee

NAME: identifies enrollee that has prescription benefit coverage

