Commercial Prescription Drug Claim Form

Aetna Pharmacy Management
Attn: Claim Processing
P.O. Box 14024
Lexington, KY 40512-4024

Aetna Member Number (claim cannot be processed without number)	Group Number

Employee Name (First, Middle, Last)	Employee Birthdate *(MM/DD/YYYY)*

Employee Address (Street, City, State, Zip Code)

Company Name & Address (Street, City, State, Zip Code)

Employee Signature	Telephone Number	Date
	( )	

Prescription(s) were for:

Last Name, First, Middle Initial	Gender	Employee	Spouse	Dependent	Patient Birthdate *(MM/DD/YYYY)*
	☐ Male ☐ Female	☐	☐	☐	

Indicate reason for manually filing these claims:

- ☐ Coordination of Benefits – Please attach an Explanation of Benefits from the primary carrier along with the detailed receipt.
- ☐ I had not received my Aetna ID card
- ☐ Pharmacy not participating in network
- ☐ Pharmacy unable to process claim electronically
- ☐ Emergency – If Emergency, describe Emergency below, or on a separate sheet

Manual submission of claims does not guarantee reimbursement of claim.

Describe Emergency

_____

_____

_____

_____

_____

_____

Pharmacy Information *Please attach* **detailed prescription receipts** *or ask your* **pharmacist** *to complete the remaining information. We cannot process your claim without this information.*

1) Date Filed *(MM/DD/YYYY)*	Rx Number	RX (Check one)	Quantity	Days Supply	National Drug Code (11 digit)
		☐ New ☐ Refill			

Medication Name, Strength & Dosage Form	Doctor Name & DEA Number	DAW (Check one)	RX Price (including tax)
	Name: _____ DEA #: _____	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	

2) Date Filed *(MM/DD/YYYY)*	Rx Number	RX (Check one)	Quantity	Days Supply	National Drug Code (11 digit)
		☐ New ☐ Refill			

Medication Name, Strength & Dosage Form	Doctor Name & DEA Number	DAW (Check one)	RX Price (including tax)
	Name: _____ DEA #: _____	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	

3) Date Filed *(MM/DD/YYYY)*	Rx Number	RX (Check one)	Quantity	Days Supply	National Drug Code (11 digit)
		☐ New ☐ Refill			

Medication Name, Strength & Dosage Form	Doctor Name & DEA Number	DAW (Check one)	RX Price (including tax)
	Name: _____ DEA #: _____	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	

Place Pharmacy Label here or enter:

Pharmacy Name		
Street Address		
City	State	Zip Code

Pharmacist Signature Required	Date
NABP Number	National Provider Identifier
Pharmacy Telephone Number ( )	

Member

- Please read carefully before completing this form. **Claim forms without the required information cannot be processed. Incomplete forms will be returned to you.**
- Take this claim form to the pharmacy when you obtain prescription drugs.
- If you use more than one pharmacy, use a separate form for each pharmacy.
- Use a separate claim form for each patient.
- Claims must be submitted within two years of date of purchase.
- Complete all employee and patient information on the top portion of the form and be sure to sign it.
- Give the claim form to your pharmacist to complete the bottom portion.
  - **Mail the Prescription Drug Claim Form to:** **Aetna Pharmacy Management**
    Attn: Claim Processing
    P.O. Box 14024
    Lexington, KY 40512-4024

Pharmacist

- Complete bottom portion of form in full.
- Please include complete name and address of the pharmacy, NABP number, and authorized signature. Your signature attests that all information, including total charge, is correct. Incomplete claim forms will be returned.

Any person who knowingly and with intent to injure, defraud or deceive 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.
Attention Arkansas, Louisiana and West Virginia Residents: 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.
Attention California, Ohio and Pennsylvania Residents: 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.
Attention Colorado Residents: 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.
Attention Florida Residents: 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.
Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.
Attention Kentucky Residents: 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 may subject such person to criminal and civil penalties.
Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.
Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
Attention New York Residents: 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.
Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and subjects such person to criminal and civil penalties.
Attention Oklahoma Residents: 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.
Attention Oregon Residents: Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.
Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.
Attention Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and may subject such person to criminal and civil penalties.
Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 act, which is a crime and subjects such person to criminal and civil penalties.
Attention Washington Residents: 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.