

CVS – Third Party Credit Process



Good News! CVS Caremark can now apply credit for prescription expenses through third party discount programs.

- Access either the “CVS Caremark” app on your phone or go to www.caremark.com
- Enroll into the site. You will be prompted for a **Medical ID #** which is shown on the face of your Medical Mutual card. The Medical Mutual and Rx benefits are displayed on one card.
- Using the CVS mobile app or Caremark.com website you can now upload your prescription claim to get credit for expenses paid using programs like GoodRx, Optum Perks, WellRx, and more.
- Once you have your CVS Caremark account established, follow the prompts under “Plan and Benefits” to submit a paper prescription claim online or through the CVS app.
- You can submit a new claim, track submitted claims, and view claims history.
- CVS Caremark will track your expenses and credit your out-of-pocket maximum.
- *Note: CVS has two companies: There is the CVS retail pharmacy where prescriptions are filled like at any other pharmacy. CVS / Caremark is the Health Plan’s 3rd party administrator for claims submission from all pharmacies within the MMO network. They maintain different websites. For claims administration, use either the CVS Caremark app or www.caremark.com. The website is a little easier to navigate than the mobile app.*

What You Will Need

A receipt **and** a copy of the discount card used. Make sure the receipt includes:

1. Patient name
 2. Prescription Number
 3. Drug name and strength, (or NDC number)
 4. Quantity and days of supply
 5. Refill information, if applicable
 6. Dispense as written info, if applicable
 7. Prescriber's name
 8. Pharmacy name and address
 9. Purchase date
 10. Total paid
- CVS Prescription Reimbursement Claim Form can be found at [cvshealth.com](https://www.cvshealth.com)

CVS/caremark[™] Prescription Reimbursement Claim Form

14423-STANDARD-0814

Important!

- » Always allow up to 30 days from the time you receive the response to allow for mail time plus claims processing.
- » Keep a copy of all documents submitted for your records.
- » Do not staple or tape receipts or attachments to this form.
- » Reimbursement is not guaranteed and other contractor will review the claims subject to limitations, exclusions and provisions of the plan.



STEP 1

Card Holder/Patient Information

This section must be fully completed to ensure proper reimbursement of your claim.

Card Holder Information

Identification Number (refer to your prescription card)

Group No./Group Name

Name (Last Name)

(First Name)

(MI)

Address

Address 2

City

State

Zip

Country

Patient Information—Use a separate claim form for each patient.

Name (Last Name)

(First Name)

(MI)

Date of Birth

Male

Female

Phone Number

Relationship to Primary member

Other Insurance Information

COB (Coordination of Benefits)

Are any of these medicines being taken for an on-the-job injury?

☐ Yes

☐ No

Is the medicine covered under any other group insurance?

☐ Yes

☐ No

If yes, is other coverage: ☐ Primary ☐ Secondary

If other coverage is Primary, include the explanation of benefits (EOB) with this form.

Name of Insurance Company _____ ID# _____

Important! A signature is REQUIRED

NOTICE

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines, denial of benefits, and/or imprisonment.

I certify that I (or my eligible dependent) have received the medicine described herein. I certify that I have read and understood this form, and that all the information entered on this form is true and correct.

X

Signature of Plan Participant

Date

(Over)

OBERLIN
COLLEGE & CONSERVATORY

STEP 2**Submission Requirements:**

You **MUST** include all original "pharmacy" receipts in order for your claim to process. "Cash register" receipts will only be accepted for diabetic supplies. The minimum information that must be included on your pharmacy receipts is listed below:

- Patient Name
- Prescription Number
- Medicine NDC number
- Date of Fill
- Metric Quantity
- Total Charge
- Days Supply for your prescription (you need to ask your pharmacist for this "Day Supply" information)
- Pharmacy Name and Address or Pharmacy NABP Number

A valid Prescribing Physician's NPI (National Provider Identification) number is required, please provide: _____

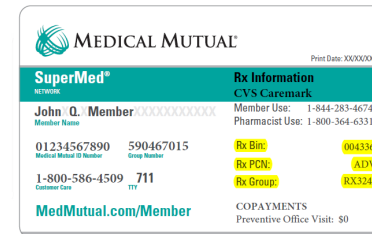
Prescribing physician's information (all fields required):

Name: _____

Address: _____

City, state, zip code: _____ Phone number: _____

Additional Comments

STEP 3**Mailing Instructions:**

The RxBIN # is located on front of your Medical Mutual ID card. Please see **Highlighted** area to the left for reference. Match your RxBIN # to the addresses below

RxBIN # 610415 mail to:

CVS/caremark
P.O. Box 52116
Phoenix, Arizona 85072-2116

RxBIN # 004336 , 012114 or if you are unable to locate your bin # mail to:

CVS/caremark
P.O. Box 52136
Phoenix, Arizona 85072-2136

RxBIN # 610029 mail to:

CVS/caremark
P.O. Box 52196
Phoenix, Arizona 85072-2196

Sample Receipt & Copy of Discount Card

FRED MEYER PHARMACY 70100196		DATE: 12/16/2021	
1301 CENTER DR MEDFORD, OR 97501		NCPDP: 3811432	
PHONE: (541) 857-4683 STORE: 70100196		04/17/85 NEW	
RX#	TX: 0002157976	DAW: 0	10 E SOUTH STAGE RD #209
			MEDFORD, OR 97501
			PHONE: (310) 569-8507
NDC: (QTY: 15 DAYS: 8	PRESCRIBER:	
GOODRX GOLD	AUTH #: A8217506010931	NPI: 1528460177	
NO REFILLS REMAINING		RPH: SH	
PRICE: \$7.98		D.E.: BM	

DUPLICATE RECEIPT	
FRED MEYER PHARMACY 70100196	
1301 CENTER DR	
MEDFORD OR 97501	
PH: (541) 857-4683 NCPDP: 3811432	
DATE: 12/16/2021	
NDC:	QTY: 15
RX#	TX: 0002157976
PRESCRIBER:	
PRICE: \$7.98	NEW

rosuvastatin
30 tablets 20mg

SPECIAL OFFER
\$5 in additional savings applied

\$7.00
~~\$ 12.00~~

Savings will be applied at the pharmacy counter using this coupon.
Eligible for first fill only.

BIN **015995**
PCN **GDC**
Group **DR33**
Member ID **AHM960106**

GoodRx Coupon • Expires Feb 25