



■ Please mail completed claim form to: AdvancePCS  
P.O. Box 52116  
Phoenix, Arizona 85072-2116

■ For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject 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

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

