

CLAIM FORM INSTRUCTIONS

Part 1: Member Information

- Complete all information under Part 1. Your CarePlus ID Number is on your member ID card.
Note: Prescriptions that are filled by pharmacies outside the United States and its territories are not covered; e.g., cruise ships.

Part 2: Receipt Information

- Include all original pharmacy receipt(s). Cash register receipts are not sufficient. Tape receipts to a separate page and submit with claim form. If medication was provided in ER or Dr.'s office, provide itemized statement.
- Receipt(s) must contain the information outlined under Part 2 of the claim form below.

Part 3: Pharmacy Information

- Provide information about the pharmacy or doctor's office where medications were obtained.
- Please submit a separate form for each pharmacy from which you purchase medications.

If your receipt(s) is missing any of the required information, please ask your pharmacy or doctor's office to provide it. Remember to keep a copy of the completed claim form and receipt(s) for your records.

Once all sections have been filled in, please sign and date. Your signature attests that all information is accurately represented by the completed form and accompanying receipts.

Mail the completed form and Receipt(s) to:

CarePlus Health Plans, Inc.
Attention: Member Services Department
11430 NW 20th Street, Suite 300
Miami, FL 33172

PART 1: MEMBER INFORMATION

CarePlus ID Number	Date of Birth (mm/dd/yyyy)	
_____	_____	_____
Member Last Name	First Name	MI
_____	_____	_____
Gender		
Male Female		
Member Street Address		
_____	_____	
City	State	ZIP Code
_____	_____	_____

Patient Residence:	
<input type="checkbox"/>	Home
<input type="checkbox"/>	Nursing Home
<input type="checkbox"/>	Assisted Living
<input type="checkbox"/>	Group Home
<input type="checkbox"/>	Intermediate Care
<input type="checkbox"/>	Hospice

Member Telephone _____

PART 2: RECEIPT INFORMATION

Ensure your receipt includes the following information:

- | | |
|--------------------------|---|
| Date Filled | Quantity |
| Medication Name | Days Supply |
| Medication Strength | Rx Price (including tax) |
| Dosage Form | Physician Name |
| Rx Number | Physician ID (NPI or DEA#) |
| National Drug Code (NDC) | If drug is a compound, list the NDCs for all ingredients and quantity of each |

DAW: 0 – Not Applicable
1 – Doctor mandates that brand product be dispensed
2 – Patient mandates that brand product be dispensed
5 – Brand submitted as generic
7 – Brand mandated by state law

PART 3: PHARMACY INFORMATION

Pharmacy Name _____ Pharmacy ID (NABP or NPI#) _____
Pharmacy Street Address _____
City _____ State _____ ZIP Code _____ Pharmacy Telephone _____
Pharmacy Service Type: Retail _____ Compounding _____ Home Infusion _____ Institutional _____ Mail Order _____
Long Term Care _____ Managed Care Organization _____ Specialty _____ Other _____

Description of Issue: Pharmacy will not accept my CarePlus plan
Pharmacy was unable to process my claim electronically
I did not have my plan information at the time of purchase
I was charged for medications received during an Emergency Room visit
I believe the claim was paid incorrectly
I was administered a Part D covered vaccine in my doctor's office
I filled my medication during an emergency

Please explain the issue: _____

IMPORTANT CLAIM NOTICE

Caution: Any person who, knowingly and with intent to defraud any insurance company or other person:
(1) files an application for insurance or statement of claim containing any materially false information; or
(2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act.

Member Signature _____ Date _____

CarePlus is an HMO plan with a Medicare contract. Enrollment in CarePlus depends on contract renewal.

Discrimination is against the law

CarePlus Health Plans, Inc. ("CarePlus") complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. CarePlus does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. CarePlus provides:

- Free assistance and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Video remote interpretation
 - Written information in other formats
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the number on the back of your Member ID Card or contact Member Services using the information below. If you believe that CarePlus has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion, you can file a grievance with:

CarePlus Health Plans, Inc. Attention: Member Services Department. 11430 NW 20th Street, Suite 300. Miami, FL 33172.

Telephone: **1-800-794-5907; (TTY: 711)**. From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within 1 business day. Fax: **1-800-956-4288**.

You can file a grievance in person or by mail, phone or fax. If you need help filing a grievance, our Member Services Representatives are available to help you at the contact information listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services.

200 Independence Avenue, SW, Room 509F, HHH Building. Washington, D.C. 20201. **1-800-368-1019; 800-537-7697 (TDD)**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-794-5907 (TTY: 711).

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-794-5907 (TTY: 711).

繁體中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-794-5907 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-794-5907 (TTY: 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-794-5907 (TTY: 711) 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-794-5907 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-794-5907 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-794-5907 (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-794-5907 (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-794-5907 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-794-5907 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-794-5907 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-794-5907 (TTY: 711).

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો ન:શિલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-794-5907 (TTY: 711).

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-794-5907 (TTY: 711).

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódííłnih 1-800-794-5907 (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-794-5907 (رقم هاتف الصم والبكم: 711).