

Claim Authorization Number		Date Filled																	
Amount Charged	\$,	.	Prescription Number (Rx#)															

1	Claim Authorization Number	Amount Charged	\$												Date Filled	MONTH	DAY	YEAR

	Claim Authorization Number													MONTH	DAY	YEAR		
	Amount Charged	\$																

INSTRUCTIONS

Remember to always show your Blue Cross and Blue Shield ID card and ask for the Claim Authorization Number when purchasing a prescription drug.

Please read these instructions carefully before entering your prescription drug claim information on the other side. Claims without the required information could be delayed or returned to you.

USE THIS FORM ONLY FOR DRUGS PURCHASED AT A PARTICIPATING PHARMACY

1. Please use a separate form for each patient. You can file up to 5 prescriptions for the same patient on one form.
2. Use a black pen to fill out the form. Do not use a pencil.
3. Write in designated areas only. Where boxes are provided, please print only one character or number per box. Please do not print outside of the boxes.
4. Complete all information in Sections I and II. Please note:
 - The Contract Holder's ID number and patient information must be valid.
 - The Contract Holder must sign this claim form.
5. Complete the information in Section III or attach pharmacy receipts.
 - The receipt provided by your Pharmacist should provide the following:
 - Claim Authorization Number
 - Date filed
 - Amount Charged
 - Prescription Number

The Claim Authorization Number and Prescription Number fields may contain more boxes than are necessary.

Do not attach prescription receipts if you complete this form in its entirety.

6. Mail this claim form to the address shown below:

Blue Cross and Blue Shield of Alabama
Attention: Prescription Drug Claims
PO Box 830280
Birmingham, Alabama 35283-0280

— OR —

You may submit your claim online by visiting
www.bcbsal.com