



Prefix			Contract Number								

Last Name	First Name	Middle Initial	Telephone Number
Address			Date of Birth
City		State	Zip Code

Name of the Primary Part D Carrier

A copy of your Primary Part D Explanation of Benefits must accompany this form in order for benefits to be considered.

I certify all the information provided on this form to be true and correct to the best of my knowledge.

Signature of the Contract Holder

Date Signed

Please complete all requested information below.

- Please be sure all Primary Part D Explanation of Benefits are attached.
- Without all of this information, the claim cannot be processed.
- Once information is completed and attached, please FAX claims to: (205) 220-2146 or, you can mail the completed claim to Blue Cross and Blue Shield of Alabama, Attention: Prescription Drug Claims, Secondary To Part D, PO Box 995, Birmingham, AL 35298-0001.

PRESCRIPTION DRUGS

1. Prescription Number (RX#)	Date Filled	Total Charges	Name of Drug
National Drug Code		Pharmacy	

2. Prescription Number (RX#)	Date Filled	Total Charges	Name of Drug
National Drug Code		Pharmacy	

3. Prescription Number (RX#)	Date Filled	Total Charges	Name of Drug
National Drug Code		Pharmacy	

PRESCRIPTION DRUGS

4. Prescription Number (RX#)	Date Filled	Total Charges	Name of Drug
National Drug Code 		Pharmacy	

5. Prescription Number (RX#)	Date Filled	Total Charges	Name of Drug
National Drug Code 		Pharmacy	

6. Prescription Number (RX#)	Date Filled	Total Charges	Name of Drug
National Drug Code 		Pharmacy	

7. Prescription Number (RX#)	Date Filled	Total Charges	Name of Drug
National Drug Code 		Pharmacy	

8. Prescription Number (RX#)	Date Filled	Total Charges	Name of Drug
National Drug Code 		Pharmacy	

9. Prescription Number (RX#)	Date Filled	Total Charges	Name of Drug
National Drug Code 		Pharmacy	

Please mail completed form to:

**Blue Cross and Blue Shield of Alabama
Attention: Prescription Drug Claims, Secondary Part D
PO Box 995
Birmingham, AL 35298-0001**



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association