

HELPFUL HINTS

Use this form for the following programs:

- Blue RxSM Member claims
- DrugCard (copay plans) Member claims where the member forgets to show his ID Card or uses a non-participating pharmacy.

DO's

Go to a participating pharmacy.

Show your ID Card.

Use a separate form for each family member.

Completely fill out Part One of the claim form.

Attach drug receipt(s). The receipts must contain the following information:

- Date prescription filled
- Name and Address of Pharmacy
- NDC Number
- Name of Drug and Strength
- Quantity
- Days Supply
- Prescription (Rx) Number
- Amount Paid

DON'Ts

Don't forget to show your ID Card.

Don't attach more than one family member's receipts to one claim form. Use a separate form for each family member.

Don't forget to attach drug receipt(s).

Don't send your physician bills to the Texas address.

If you have any questions about completing this form, call 1-888-963-7290.

Mail your claim to:

**BlueCross BlueShield of South Carolina
c/o Caremark
P.O. Box 853901
Richardson, TX 75085-3901**
