



PENNSYLVANIA FACULTY

HEALTH AND WELFARE FUND

P.O. Box 60430
Harrisburg, Pennsylvania 17106-0430

Telephone: (717) 233-4776
Fax: (717) 233-4713

CLAIM FORM

Supplemental health Care Plan Health Maintenance Organization "HMO" Drug Option

Only Faculty Members Who Choose The HMO Option Qualify For This Benefit
A Separate Form Must Be Filed For Each Eligible Person

This Claim Will Not Be Processed Unless You Attach
Detailed Pharmacy Receipts (See reverse side for acceptable examples)

- 1. Member's Name: _____
- 2. SS #: _____
- 3. Home Address: _____

- 4. University: _____
- 5. Patient's Name: _____ 6. Birthdate: _____
- 7. Patient's Relationship to Member: Spouse Dependent Child
 Member

8. Physician's Name	RX Number	Date of Service	Amount
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

9. Member's HMO Plan Name: _____
City: _____

10. Is Patient Covered by Another Group Medical Insurance Plan that Provides Drug Coverage or a Prescription Drug Plan? _____ Yes _____ No

Group Name _____ Group Number _____

Name and Address of Carrier _____

11. This claim form will be processed if you have attached pharmacy receipts containing the information described in the example below. You must also submit a summary of benefits paid by other insurance (see number 8). Do not submit any other bills or information, Faculty members qualify for the reimbursement option after \$50.00 in prescription drugs are obtained per eligible person per calendar year. After \$50.00 has been reached, file on a quarterly basis.

12. Member's Signature: _____ 13. Date: _____

14. Submit to: HMO Drug Option Plan
 Pennsylvania Faculty Health & Welfare Fund
 P.O. Box 6043
 Harrisburg, Pennsylvania 17106-0430

EXAMPLE

Acceptable

Not Acceptable

PRESCRIPTION DRUG RECEIPT

Roe Pharmacy Hometown, USA
March 2, 1999
Myra Doe, Rx 976-384.....\$14.50
Dr. Smith

Receipt
March 2, 1999.....\$14.50
Thank you Roe Pharmacy

Missing: Pharmacy's address, patient's name, Rx number, and doctor's name