Harvard Pilgrim Health Care

IMPORTANT: Use this form for claims only from 2019 and earlier

Prescription Claim Form (2019 and earlier)

Stride℠ Medicare Advantage Plans

Health Plan: Harvard Pilgrim Health Care Subscriber ID Number: _____

Subscriber Name: _____ _____ _____
(Please print) First Middle Last

_____ _____ _____ _____
Address City State ZIP Code

Daytime Phone (____) _____ Evening Phone (____) _____

Prescriptions Were Dispensed To:

Patient Name _____ _____ _____
First Middle Last

Patient Birth Date: _____ Patient Gender: ☐ Male ☐ Female

Is this medication for an on-the-job injury? ☐ Yes ☐ No

Is this medication covered under any other group insurance plan? ☐ Yes ☐ No

If yes, please name the insurance company and other employer. _____
Name of Insurance Company

I certify that the information on this claim form is true and correct to the best of my knowledge. I authorize the release of any medical information necessary to process this claim.

Signature of Patient _____

Please attach the duplicate pharmacy generated receipt. If it is unavailable, the pharmacy or dispensing facility must complete the following information. The shaded areas are optional; however, please complete these areas if the information is available.

Rx Number 1)	**Date Filled**	**Check One New___ Refill___**	**Qty**	**Directions**	**Days Supply**	**Rx Price w/Tax**
Medication Name, Form, & Strength		**DAW**	**M.D. DEA#**	**NDC Number (11 digits)**		
Rx Number 2)	**Date Filled**	**Check One New__ Refill__**	**Qty**	**Directions**	**Days Supply**	**Rx Price w/Tax**
Medication Name, Form, & Strength		**DAW**	**M.D. DEA#**	**NDC Number (11 digits)**		

Pharmacy Name: _____ Pharmacy NABP (Required): _____

Address: _____ Pharmacy Phone: _____

City: _____ State: _____ ZIP: _____ Pharmacist's Signature: _____

*Pharmacist's signature required when bottom portion of claim form is completed by pharmacy or dispensing facility only.

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MedImpact Healthcare Systems, Inc.
P.O. Box 509108
San Diego, CA 92150-9108

Only send claims from 2019 and earlier to this address

For assistance, please contact our DMR dept at (858) 566-2727.