Administrative Concepts, Inc.
PO Box 4000
Collegeville, Pennsylvania 19426

PRESCRIPTION DRUG CLAIM FORM

PLEASE COMPLETE IN FULL TO ENSURE PROPER PROCESSING

SCHOOL/ORGANIZATION		POLICY NUMBER (CAN BE FOUND ON ID CARD)		
INSURED'S LAST NAME		INSURED'S FIRST NAME		MI
INSURED'S U.S. MAILING ADDRESS—NUMBER AND STREET NAME (OR P.O. BOX #)				APT./UNIT #
CITY			STATE	ZIP
INSURED'S DATE OF BIRTH (MM/DD/YY)	☐ FEMALE ☐ MALE	INSURED'S SCHOOL ID NUMBER	INSURED'S PHONE NUMBER	

PROCESSING INFORMATION

Were you prescribed this medication due to an Injury? ☐ Yes ☐ No If yes, complete the section below.

Description of Injury:

Date of Injury: ____________________

Do you have *other* insurance which covers your condition such as a group or individual health plan, government health plan, or automotive insurance plan (if auto accident)? ☐ Yes ☐ No

If yes, who is the Policyholder? ☐ Self ☐ Parent ☐ Spouse Name of Insurance Carrier: ____

Member No.:__________________________ Group No.: ____________________________ Insurance Co. Phone No.: ________________________

Primary Insured's Name (Parent/Spouse/Self): ____

CLAIM FILING INSTRUCTIONS

Complete the information above and submit pharmacy receipt(s), which include the following information:

- Pharmacy name
- Rx number
- Patient's name
- Name of the medication(s)
- Prescribing physician's name
- Dosage or quantity dispensed
- NDC code number
- Date of service
- Amount charged

IMPORTANT: Cash register receipts will not be accepted. You must submit the receipt from the pharmacy that includes the drug information.

YOU CAN SUBMIT THIS COMPLETED FORM BY MAIL OR FAX USING THE INFORMATION BELOW. CLAIMS ARE NOT ACCEPTED VIA EMAIL. ALTERNATIVELY, YOU MAY LOG INTO THE MEMBER PORTAL AT SECURE.VISIT-ACI.COM TO NOTIFY US OF A CLAIM.

Claims Mail: Administrative Concepts, Inc., PO Box 4000, Collegeville, Pennsylvania 19426
Claims Fax: (610) 293-9299
Customer Service: (800) 476-4802
E-Mail: claims@visit-aci.com