



Return to: Goold Health Systems, Inc.
1 Greentree Drive, Suite 2
S. Burlington, Vt 05403
Fax Number: 1-844-679-5366

MANUAL CLAIM FORM
VTPART D CLAIM - NCPDP vD.0

Patient Name		Cardholder ID				Pharmacy Name				NABP					
Street Address		City		Plan Name	Patient DOB		Gender	Pharmacy Address				NPI			

Claim 1

Comments:				Other Coverage Code		Benefit Stage 01(DED)		Benefit Stage 02 (INIT)		Benefit Stage 03(GAP)			
Rx Number	Ref #	Prescriber NPI #		Prescriber Name			Date Prescribed		Date Filled		Quantity	Days' Supply	
PA #	MN	Drug Name, Strength, Dosage, Mfg.			NDC			PDP Copay		Sub Clar Code		Total Billed	

Coordination of Benefits (COB) – Other Payer Information

Other Payer ID		ID Qual.	Other Payer Date		Other Payer Rejects			OPAP				OPPRA	
1								Qual	Amt	Qual	Amt	Qual	Amt
2								Qual	Amt	Qual	Amt	Qual	Amt

Claim 2

Comments:				Other Coverage Code		Benefit Stage 01(DED)		Benefit Stage 02 (INIT)		Benefit Stage 03(GAP)			
Rx Number	Ref #	Prescriber NPI #		Prescriber Name			Date Prescribed		Date Filled		Quantity	Days' Supply	
PA #	MN	Drug Name, Strength, Dosage, Mfg.			NDC			PDP Copay		Sub Clar Code		Total Billed	

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1								Qual	Amt	Qual	Amt	Qual	Amt
2								Qual	Amt	Qual	Amt	Qual	Amt

Provider Signature		Date Signed			
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