



Return to: Change Healthcare
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	Ingredient Cost	U&C	Gross Amt Due	

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	Ingredient Cost	U&C	Gross Amt Due	

Coordination of Benefits (COB) – Other Payer Information

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

Provider Signature	Date Signed			
--------------------	-------------	--	--	--