



Return to: Change Healthcare
1 Greentree Drive, Suite 2
S. Burlington, VT 05403
Fax Number: 1-844-679-5366

MANUAL CLAIM FORM
VTPOP 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							
Rx Number	Ref #	Prescriber NPI #	Prescriber Name				Date Prescribed		Date Filled		Quantity	Days' Supply			
PA #	MN	Drug Name, Strength, Dosage, Mfg.			NDC			Primary Copay	Ingredient Cost	U&C	Gross Amt Due				

Coordination of Benefits (COB) – Other Payer Information

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

Claim 2

Comments:								Other Coverage Code							
Rx Number	Ref #	Prescriber NPI #	Prescriber Name				Date Prescribed		Date Filled		Quantity	Days' Supply			
PA #	MN	Drug Name, Strength, Dosage, Mfg.			NDC			Primary Copay	Ingredient Cost	U&C	Gross Amt Due				

Coordination of Benefits (COB) – Other Payer Information

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

Provider Signature		Date Signed			
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