Optum

Return to: Optum
45 Commerce Dr Suite 5
Augusta, ME 04330 **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	Amt	Qual	Amt
2					Qual	Amt	Qual	Amt	Qual	Amt

Provider Signature		Date Signed			