

PRESCRIPTION DRUG CLAIM FILING FORM on your SHORT-TERM HOME HEALTH CARE COVERAGE

*We can now process your prescription drug claims even **FASTER** if you follow the guidelines listed below.*

DO

- **Do use this filing form** when submitting your RX claim with your prescription drug (RX) receipts
- **Do ask your pharmacy for a computer summary print out** of your RX history when possible
- **Do send us your original, individual receipts** (keeping photocopies for your own records)
- **Do send us your claims on a timely basis,** monthly or quarterly vs. annually
- **Do submit proper proof of prescription drugs** which consists of:
 - Claimant name on receipt
 - Name of the prescribed medication
 - Medication RX number (NDC number)
 - Pharmacy name
 - Date filled by the pharmacy

DON'T

- **Don't use the Short-Term Home Health Care (STHHC) claim form** for filling RX claims
- **Don't send cash or registered receipts**
- **Don't tape receipts** on larger pieces of paper (send individual receipts)
- **Don't write on any of your receipts**
- **Don't combine your RX claims** with your other benefit claim filings (can use the same envelope, however, use separate Filing Form and Claim Form)
- **Don't combine your RX claims with other family members** (You can use same envelope, however, use separate Filing Forms)

Please note: Even though you may be eligible for Prescription Drug benefits, your policy may still be in the pre-existing period or two year contestable period for any Short-Term Home Health Care benefit consideration.

- Processing delays may result if you do not follow all the guidelines as stated above.
- Should you have any questions, **please call our Customer Service Department at (800) 338-7452.**

Policy Number	Policyholder's Name	
RX Claimant/Patient Name	D.O.B.	
Address (Street)	City/State	Zip Code
Phone Number for Contact	Email Address for Contact	

Please submit your claim to:

MAIL: Guarantee Trust Life Insurance Company – P.O. Box 1144 | Glenview, Illinois 60025

FAX: (847) 904-5723