



Mail completed form to:  
 Attn: Claims Department  
 VibrantRx  
 PO Box 509097  
 San Diego, CA 92150

### Medicare Prescription Drug Coordination of Benefits/Claim Form

Be sure to complete all information below and submit this form along with the original prescription label. Do not staple your prescription label to this form; tape it to a separate sheet of paper for submission with this completed form. Missing information will delay your reimbursement. Submitting a claim form does not guarantee reimbursement. If you have any questions, please call Member Services at 1-844-826-3451, 24 hours a day, 365 days a year. (TDD/TTY users, please call 711)

<b>Member ID Number</b>												
<b>Group Number</b>												
<b>Member Last Name</b>												
<b>Member First Name</b>												
<b>Date of Birth</b>	Month	/	Day	/	Year							
<b>Member Address</b>	Street 1											
	Street 2											
	City											
	State					Zip						
<b>Member Signature</b>	Sign Here											
<b>Telephone Number</b>	Area Code	-				<b>Date</b>						

**Reason for Reimbursement Request (check one) - You may submit a claim for your Part D covered drugs provided by a non-network pharmacy only for the reasons listed below.**

- Coordination of Benefits – Another health plan has paid a portion. (Include your pharmacy receipt(s) identifying copays paid **and** an Explanation of Benefits from the primary insurance plan.)
- I traveled outside the plan’s service area and ran out of or lost my medication, or I became ill and could not access a network pharmacy.
- I used a prescription discount card to fill my prescription.
- My health plan/insurance information or Member ID Card was not available at the time.
- There was no network pharmacy in my area or within a reasonable driving distance.
- The pharmacy was unable to process my claim electronically.
- I received a Part D covered vaccine in my doctor’s office or clinic (cost for vaccine and administration fees must be listed separately)
- I was evacuated or displaced from my home due to a state or federally declared disaster or health emergency.
- Emergency – describe emergency below:

**Pharmacy/Provider Information - Attach original prescription label. Cash register receipts alone are not acceptable.**

<b>RX Number</b>	<b>Date Filled</b> <small>Month / Day / Year</small>	<b>New Refill</b> <input type="checkbox"/>	<b>Quantity</b>	<b>Day Supply</b>
<b>National Drug Code (11 digit)</b>			<b>Prescriber Name</b>	
<b>Medication Name/Strength</b>			<b>Prescriber National Provider ID (NPI)</b>	
<b>RX/Vaccine Price</b> \$	<b>Copay/Coinsurance</b> \$	<b>Administration Cost</b> \$		

VibrantRx is a Prescription Drug Plan with a Medicare contract offered by MG Insurance Company. Enrollment in VibrantRx depends on contract renewal.

