



Gateway Health Plan Medicare Assured® HMO SNP
Pharmacy Direct Reimbursement Claim

INSTRUCTIONS

Please wait until you receive your Gateway Health Plan Medicare Assured® I.D. card before sending this claim for reimbursement of prescription drug expenses. Please be sure to provide the proper ID # from your Gateway Health Plan Medicare Assured® Identification Card to expedite claim processing.

- To avoid undue delay, please complete all sections on the claim form.
If you need assistance completing this claim form, please call the Gateway Health Plan Medicare Assured® Pharmacy at 1-800-685-5209, 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TTD users should call 1-800-654-5988.
Attach itemized pharmacy receipt that contains the same information that is on the label of your prescription.

Note: Claim submission is not a guarantee of payment.

Note: Claims must be submitted within 60 days following the end of the calendar year in which the prescription drug was filled.

HOW TO COMPLETE THIS FORM

PART ONE

Member Information

- 1. Copy the 10 digit Member Identification Number (ID#) from your Gateway Health Plan Medicare Assured® Identification Card.
2. Cardholder name (Member Name), Address and Telephone Number
3. Member Date of Birth: Month, Day, Year.
4. Member Sex: Check Male or Female

MAIL THIS FORM TO:

Gateway Health Plan®
U.S. Steel Tower, Floor 41
Pharmacy Department
600 Grant St.
Pittsburgh, PA 15219

PART TWO

Pharmacy Information (SEPARATE FORMS MUST BE FILLED OUT FOR EACH PHARMACY)

- 1. Pharmacy name, address and telephone number where the prescription(s) were purchased.
2. Fill in boxes Rx1, Rx2, Rx3 & Rx4 to include the Date of Service (date prescription filled), NDC Number, Rx Number, Quantity, Days Supply and Amount Paid. This information is printed on the Pharmacy receipt and the label on your prescription container.

NOTE: Do NOT submit cash register receipt(s).

Gateway Card Sample

Gateway Health Plan Medicare Assured® HMO SNP
RxBIN 012353 Issuer (80840) RxPCN 03740000 Grp GHPPAMAPD
ID# 12345678*01 Name MAN A TESTA
Effective 04/01/2010 SEX M DOB 06/09/1900
PCP ASSOCIATES HUSSAINI MEDICA
PCP Phone 412-761-5744
MedicareRx Prescription Drug Coverage
CMS - H5992 001

www.gatewayhealthplan.com/medicare
Customer Service - 7 Days a Week From 8 AM to 8 PM
MEMBER SERVICES: 1-800-685-5209
TTY HEARING IMPAIRED SERVICES: 1-800-654-5988
Utilization Review/Inpatient Services: 1-800-685-5207
Behavioral Health: 1-866-755-7299
Physician's Questions: 1-800-685-5205
Pharmacy: Argus Questions: 1-800-221-9537
Providers should call DIVA at 1-800-642-3515 to verify eligibility
Paper Claims: Gateway Health Plan Medicare Assured®
Electronic Claims: Payer ID 60550
PO Box 68359 Harrisburg PA 17106-9359