



An independent licensee of the Blue Cross and Blue Shield Association

WYOMING

PRESCRIPTION DRUG CLAIM FORM

Mail completed form and receipts to the address at right, or attach copies of receipts and follow instructions on pg. 2 for uploading to the Message Center.

Blue Cross Blue Shield of Wyoming
P.O. Box 2266
Cheyenne WY 82003

1. Please type or print clearly. All information in each section must be provided.
Incomplete forms will be returned and cause a delay in payment.
2. Attach original receipts to this form.
3. A separate form must be completed for each patient and for each pharmacy patronized.
4. The insured person must sign each claim form submitted.

SUBSCRIBER INFORMATION

Carrier #: **BCBSWY** Name: _____
Street Address: _____ Contract Number: _____
City: _____ State: _____ ZIP: _____ Company: _____

I certify that the information is correct and that the patient indicated below is eligible for benefits. I have received the medication described herein and authorize the release of all information contained on this claim form to Blue Cross Blue Shield of Wyoming. I agree that any benefits payable hereunder for prescription drugs are not assignable and that any assignment thereof shall be void. I further represent that there has been no assignment of benefits hereunder.

Why were you unable to use your BCBSWY ID Card? _____

NOTE: If you are requesting reimbursement for a COVID home test kit, a cash register receipt is valid. There may not be an RX number for these kits; if so, please leave blank. The rest of the information is required. A UPC or NDC can also be used.

IMPORTANT: Your required signature attests that these test kits are not being used for testing required by your employer, return to work, travel, attending recreational event requirements and will not be resold if seeking COVID test reimbursement.

Subscriber Signature: _____

PATIENT INFORMATION

Patient Name: _____
Date of Birth: _____ ☐ Male ☐ Female
Patient's Relationship to the Insured:
☐ Self ☐ Spouse ☐ Dependent

PHARMACY INFORMATION

Pharmacy Name: _____
Pharmacy Address: _____
City: _____ State: _____ ZIP: _____
Pharmacy NABP Number*: _____

**You may need to call the pharmacy for this number.*

PRESCRIPTION CLAIM INFORMATION

1. Prescription Number: _____
Name of Medication: _____
Prescription Cost: _____
Days Supply: _____

Date Filled: _____
Quantity: _____
NDC Number*: _____

**You may need to call the pharmacy for this number*

2. Prescription Number: _____
Name of Medication: _____
Prescription Cost: _____
Days Supply: _____

Date Filled: _____
Quantity: _____
NDC Number*: _____

**You may need to call the pharmacy for this number.*

Form Submission Instructions

Steps for returning a completed form may depend on whether you obtained the form online, received it by email or through another means. Please read the instructions below to decide which submission method suits you best. If the form specifies a preferred method, please follow those directions instead.

Online: Download the form and fill it out in the free Adobe Reader (get.adobe.com/reader) or fill out the form online if that option exists and then download it to your device. Save the completed form to your computer or device.

Submission:

BY MAIL — Print and mail the completed form to:

Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003.

BY EMAIL — Send the form and any required documentation as attachments to a BCBSWY email address, if one is provided.

BY SECURE UPLOAD — Follow the directions below to securely upload your form to the Message Center at YourWyoBlue.com (www.yourwyoblue.com). Click the link or scan the QR code.

After logging in to your **YourWyoBlue.com** account, and going to the **Message Center**:

STEP 1

Click on the **CONTACT US** button near the bottom of the page.

STEP 2

Select the plan the form applies to from the list in the **CONTACT US** panel.

STEP 3

Select General–Other as the **Message Topic**.

STEP 4

Include any message in the **Questions & Comments** box.

STEP 5

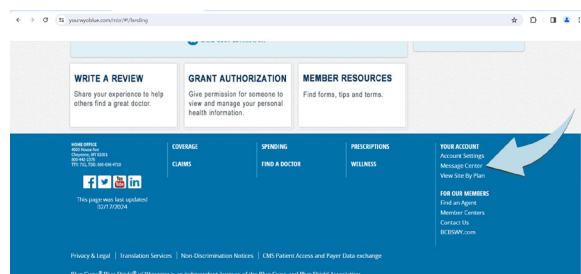
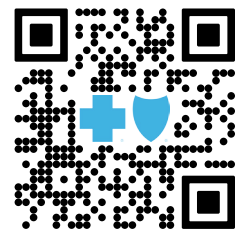
Click on the paperclip icon next to **Attach file** and attach completed form from its location on your device.

STEP 6

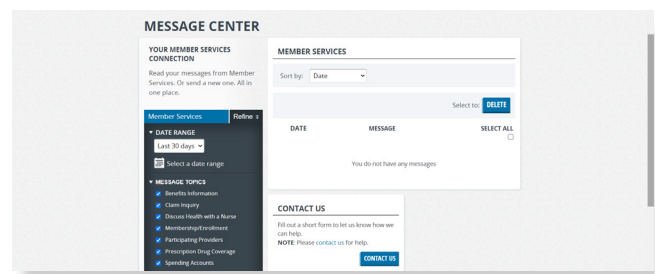
Fill in remaining information (*Phone number, *Best time to call, and *May we leave a message...?)

STEP 7

Click on the **SUBMIT** button to upload your saved form securely.



Message Center link, Desktop View



Contact Us button, Desktop View