PRESCRIPTION DRUG CLAIM FORM

PO Box 7068
Eugene, Oregon 97401-0068
(541) 686-1242 or (800) 624-6052
Fax (541) 344-2897
PacificSource.com

EMPLOYER/GROUP NAME				GROUP NO.	
Graduate Teaching Fellows Federation (GTFF)				G0021003	
EMPLOYEE'S LAST NAME	FIRST NAME	M.I.	MEMBER ID NO.		BIRTH DATE
ADDRESS	CITY		STATE	ZIP	
PATIENT'S LAST NAME	FIRST NAME	M.I.	RELATIONSHIP TO EMPLOYEE:		

Only prescription drugs sold by a licensed pharmacist will be considered for coverage under your policy.

All prescriptions must contain the following information in order to be processed:

- Name of dispensing pharmacy
- Name of prescribing doctor/nurse practitioner
- Date prescription was filled
- Name and strength of medication
- Quantity of drug dispensed

PLEASE ATTACH ALL PRESCRIPTION RECEIPTS BELOW.