

## VIII. Medical /Vision/Pharmacy Claims

### See the Sample forms - Exhibit 23 -24

#### A. Medical/Vision Claims Questions:

When a member has a question about how a medical/vision claim was processed, please direct the member to call (800) 811-3298 (and to be sure to listen to prompts for Customer Service). A customer service representative will be able to help the member answer any questions he or she may have concerning insurance payments, copays, coinsurance, deductibles and denials.

*Please remember that vision coverage only applies if your group purchased the Vision Rider.*

#### B. Submitting a Medical/Vision Claim for Member Reimbursement:

When a member receives services from a provider who does not file insurance claims, the member can submit a claim for reimbursement by providing the following information on a Claim Form, following the steps below.

To file the claim, the member must:

1. Use a [Member Reimbursement Claim Form](#). Feel free to make copies.
2. Include an itemized receipt/bill from the provider. Ask the member to check to be sure that the receipt/bill includes the date of service, diagnosis code, procedure code, charge for each procedure, the provider's address and tax identification number. The required information is usually found on the "super bill" that the member receives at the time of checkout at the provider's office.
3. Mail the form and receipt/bill to:

FirstCarolinaCare Insurance Company  
42 Memorial Drive  
Pinehurst, NC 28374  
Attn: Claims  
OR;

4. FAX the form and receipt/bill to 910-715-8101 Attn: Claims
5. Call your Account Manager if you have any questions or problems with the procedures described.

#### C. Submitting a Pharmacy Claim for Member Reimbursement:

When a member receives services from a pharmacy provider who does not file or experiences difficulty in filing insurance claims, the member can submit a claim for reimbursement by providing the following information on a Claim Form, following the steps below. To file the claim the member must:

1. Use the [MedImpact Prescription Drug Claim Form](#).
2. Completely fill out the Primary Member/Cardholder Information and the Patient Information sections.
3. Sign and date the form in the space provided on the front.

4. **Submit** original claim receipts or itemized bills with the form and ensure to keep copies as the originals will not be returned.
5. Be sure that the receipts contain the information outlined on the back of the form. Consult the pharmacy for any missing information.
6. Be sure to use a separate Claim Form for each pharmacy used and for each member of the family.
7. Submit the completed form and receipts to

MedImpact Healthcare Systems, Inc.  
Attn: Claims Dept  
10680 Treena Street 5th Floor  
San Diego, CA 92131  
Fax: (858) 549-1569

#### **D. Obtaining a Pharmacy Reimbursement Directly from the Pharmacy**

When a member experiences a problem at the pharmacy that results in the member having to pay for the prescription in full, the reimbursement may often be obtained directly from the pharmacy by following the steps below.

The member should:

1. Contact the FirstCarolinaCare Enrollment/Eligibility Coordinator or the Account Manager and describe the problem.
2. Return to the pharmacy (with receipt for payment of the prescription) as soon as he or she has been notified to do so by FirstCarolinaCare.
3. Ask the pharmacy to re-file the claim and reimburse the member directly.