

SECTION 3: SIGNATURE

The above statements and attachments are true and complete to the best of my knowledge.

SECTION 4: INSTRUCTIONS

Call 616.942.0616 for quickest processing.

If unable to fax, mail to:
Priority Health
ATTN: Claims Department
P.O. Box 232
Grand Rapids, MI 49501-0232

Questions?

Call Customer Service at the phone number on the back of your Priority Health membership card.

SECTION 5: ADDITIONAL PRESCRIPTION CLAIM INSTRUCTIONS

1. Always present your prescription drug membership card at the pharmacy.
2. You must complete a separate claim form for each patient.
3. You must submit claims within one year from the date of service.
4. All receipts must contain the information listed at the top of this form.

To process your request, we need all receipts to contain the information listed at the top of this form. If needed, your Pharmacist can provide you with the necessary information.