



**Colorado State University  
Umbrella Rx Plan**

Submit claims to:

**EBMS  
PO Box 21367  
Billings, MT 59104-1367  
(866) 304-1348**

**SEE REVERSE SIDE FOR CLAIM FILING INSTRUCTIONS  
Failure to completely fill out the form may delay the processing of your claim.**

**Claims must be submitted within 12 months of the date of service to be eligible for payment.**

<b>Part 1: Subscriber Information</b>		
Subscriber Name		Social Security Number
Gender	Phone Number	Date of Birth
Mailing Address		
City	State	Zip Code
<b>Part 2: Patient Information</b> (Complete only if different than the Subscriber)		
Patient Name		Social Security Number
Patient's Relationship to Subscriber		Date of Birth

<b>Part 3: Claim Information</b>		
<p>You must be enrolled in <u>both</u> Medicare and a PERACare Medicare Advantage plan to be enrolled for the Umbrella Rx Plan. Prescriptions must be processed through PERA's prescription plan, Optum Rx, prior to submitting for Umbrella Rx Plan reimbursement. Attach your prescription receipt to this reimbursement claim form.</p>		
<b>Complete the following as a summary of the expenses you are submitting for reimbursement</b>		
DATE OF SERVICE	PHARMACY/PROVIDER OF SERVICE	COST OF SERVICE

I hereby certify that the foregoing statements, including any accompanying documentation, are to the best of my knowledge and believe to be true, correct and complete. I also hereby authorize any insurance company, employer or physician, hospital or other medical services provider to furnish and disclose all information pertaining to this claim.

\_\_\_\_\_  
Subscriber Signature

\_\_\_\_\_  
Date

## UMBRELLA Rx CLAIM FILING INSTRUCTIONS

1. Complete **Part 1** of the claim form.
2. Complete **Part 2** of the claim form only if the Patient is different than the Subscriber. A separate claim form must be submitted for *each eligible dependent* for whom claims are being submitted.
3. After the prescription(s) have been obtained, attach prescription receipt(s) to this reimbursement claim form. Please retain a copy of the documentation you have submitted for your records.

Your prescription receipt(s) obtained from the Provider of Service/Pharmacy must include:

- Pharmacy or Provider of Service name, address and phone number
- Patient's Name
- Drug Information
- Date of Service or Prescription Fill Date
- Out-of-Pocket Cost – The co-payment after the prescription is processed through Optum Rx or the expense after your claim has been processed by Medicare and PERACare's Medicare Advantage plan.

**Note:** Please attach receipts to a 8.5" x 11" sheet of paper.

4. Complete **Part 3** of the form to summarize the information on the prescription receipt.
5. Mail the completed enrollment form to:

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