



Direct Reimbursement Claim Form

Please read carefully before completing this form. Payment will be delayed unless information is completed.
Please tape pharmacy receipts to reverse side of claim form or attach the explanation of benefits from your primary payer.

Mail completed forms to:

AmWINS Rx
50 Whitecap Drive
North Kingstown, RI 02852

Cardholder Information

Cardholder Last Name	Cardholder First Name	Cardholder Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder ID Number	Cardholder Group Number	Other Insurance (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder Street Address	City	State/Prov. Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient Information

Patient Last Name	Patient First Name	Patient Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Pharmacy Information

Pharmacy Name	NABP Number
<input type="text"/>	<input type="text"/>
Pharmacy Street Address	City State/Prov. Zip Code
<input type="text"/>	<input type="text"/>

Claim Information (1)

Date of Service	Rx Number	Name, Strength and Form of Medication	Amount Paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC (National Drug Code)	Quantity	Day Supply	Physician's Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Claim Information (2)

Date of Service	Rx Number	Name, Strength and Form of Medication	Amount Paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC (National Drug Code)	Quantity	Day Supply	Physician's Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Claim Information (3)

Date of Service	Rx Number	Name, Strength and Form of Medication	Amount Paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC (National Drug Code)	Quantity	Day Supply	Physician's Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Claim Information (4)

Date of Service	Rx Number	Name, Strength and Form of Medication	Amount Paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC (National Drug Code)	Quantity	Day Supply	Physician's Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that patient information entered on this form is correct and the named patient is eligible for the benefits claimed and has received the medication described. I also certify that this medication received is not for treatment of an on-the-job injury. I authorize **AmWINS Rx** to release all information pertaining to this claim to the plan administrator, underwriter, sponsored policy holder and/or the employer, including HIV related information, mental health treatment and/or alcohol/substance abuse treatment. I understand that payment of this claim will be made to the cardholder unless otherwise specified within this document. I also certify that I personally have incurred this expense and am entitled to reimbursement.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature of Patient or Guardian or Legal Representative: ☒ _____

Signature Required for Reimbursement

Please Affix Pharmacy Receipt(s) Below

Attach Pharmacy Receipt
Here (1)

Attach Pharmacy Receipt
Here (2)

Attach Pharmacy Receipt
Here (3)

Attach Pharmacy Receipt
Here (4)

Before you mail this form, be sure to:

- Fill out the form completely
- Sign your claim form
- Attach all your pharmacy receipts

Mail completed forms to: AmWINS Rx
PO BOX 6121
Warwick, RI 02887

You can obtain additional forms by calling our Customer Service Department at **800.717.6614**
or visiting our website **WWW.AMWINSRX.COM**

Fraud Warnings

General: “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

Colorado: “It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a statement or award payable from insurance proceeds shall be reported to Colorado division of insurance within the department of regulatory agencies.”

District of Columbia: “WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

Florida: “Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.”

Kentucky: “Any person who knowingly and intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.”

Louisiana: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Maine: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.”

Massachusetts: “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, and may subject such person to criminal and civil penalties.”

Nevada: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties.

New Jersey: “Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.”

New Mexico: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.”

New York: “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”

Ohio: “Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files claim containing a false or deceptive statement in guilty of insurance fraud.”

Oklahoma: “Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

Oregon: “Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.” (In this statement the “intent” and “may be guilty” could make it acceptable even though the “false or deceptive statement” is not identified as material.)

Kansas and Oregon: “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud, and may be subject to criminal and civil penalties.”

Pennsylvania: “Any person who knowingly and with intent to defraud any insurance or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

Tennessee: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: “Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

Virginia: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”