

Prescription Drug Claim Form

The Corps Network

(Contract No. G000181C through Mutual of Omaha)

Member Name:	Social Security Number:	Phone Number:	
	- -	()	-
Street Address:	City	State	Zip Code

Check here if this is a new address

Claim Filing Instructions:

- ✓ Fill out the Member Information above
- ✓ Submit **Pharmacy receipt(s)** which include the following information:
 - Drug Number (NDC code)
 - Prescribing Physician
 - Drug Name
 - Dosage
 - Date Filled
 - Units

IMPORTANT: Cash register receipts will not be accepted.
You must submit the receipt from the pharmacy that includes the drug information.

- ✓ Mail this form and all receipts to Summit at the following address:

**The Corps Network Claims
Summit America Insurance Services
7400 College Blvd., Suite 100
Overland Park, KS 66210**

Benefits are administered by Summit America. Please call (800) 301-9128 with all questions.

