

eCOB TAR ATTACHMENT FORM FOR COPAYS >\$300

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MEMBER NAME: _____ PHC ID#: _____

Drug/Rx# or PHC PA#: _____

● Comments: Please respond ASAP. THE FOLLOWING INFORMATION IS NECESSARY IN ORDER TO EVALUATE THE REQUEST FOR COPAYMENT REIMBURSEMENT:

PT's Primary Information: Ins. Company _____

ID# _____ Group# _____ Phone # _____

REQUIRED: 3rd party Rx insurance as part of medical plan, or Discount plan only. If unknown, include front and back copy of card. NOTE: Discount plans are not considered primary and PHC cannot be billed as secondary to any discount plan/coupon—must bill PHC as primary.

COMPLETE THE FOLLOWING –OR– ATTACH COPY OF PRIMARY ADJUDICATION SCREEN (WITH DEDUCTIBLE INFO IF APPLICABLE):

Primary Claim Info (check all that apply): COPAY AMOUNT \$ _____

- Non-Formulary/Non-Preferred ¹ Not a covered benefit (eg, OTCs) ²
 Member has unmet deductible ³ Member's primary eligibility has lapsed ²
 Covered benefit with primary, majority of claim paid by primary but copay is over \$300.
 Member's copay is for amount in full – please explain why, if not indicated in other checkboxes: _____

¹ If Non-Formulary/Non-preferred with primary, has prescriber applied for prior auth with the primary? YES No. If primary denied PA, submit copy of denial letter with TAR.

² Submit copy of claim rejection/adjudication response

³ Annual Deductible _____ Amount Remaining _____

Note that all formulary & limitation issues should be resolved with the primary before submitting eCOB claims to PHC for secondary coverage. Rx's should be reduced to the primary's day supply limit if exceeded. With the exception of deductibles & eligibility issues, the provider should seek prior authorization for rejected claims with the primary before submitting a TAR to PHC.