

Prescription Drug Claim Form

for the

National Association of Service and Conservation Corps

(Contract No. **G000181C** through Mutual of Omaha)

Member Information:

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

Claim Filing Instructions:

- ✓ Fill out the Member Information above
- ✓ Submit Pharmacy receipt(s) which include(s) the following information:
 - *Drug Number (NDC code)*
 - *Drug Name*
 - *Date Filled*
 - *Prescribing Physician*
 - *Dosage*
 - *Units*
- ✓ Mail this form and all receipts to Summit at the following address:

NASCC 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.