



**STUDENT HEALTH SERVICES PHARMACY**

234 Glenbrook Road, Unit 4011, Storrs, CT 06269-4011  
TEL: 860-486-0736 FAX: 860-486-0792

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Prescription Insurance Billing Information for Students

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Prescription insurance billing is separate from Medical insurance billing at Student Health Services. Unlike medical claims that are submitted after the visit by our Business Services Team, prescription claims are processed in real-time at the Pharmacy. That is why it is so important that we have accurate prescription insurance information at the time we process your prescription.

Please be aware that we do not participate with all prescription insurance plans (CIGNA, CT HUSKY Health Program and Medicaid, for example) and are unable to submit claims to these insurers on your behalf. However, receipts are always provided with your prescriptions and may be used to self-submit to plans with which we do not participate. Contact your insurer for a claim form and return it with your receipts.

Many plans have a prescription coverage card that is separate from the medical insurance card you supplied at the time of your medical visit. Be sure to bring both cards to every visit at Student Health Services.

If you do not have your prescription insurance card with you, you may provide us with your coverage information using this form. Sources for this information include your parent's or guardian's prescription insurance card, your pharmacy at home or the insurance company itself. You may also choose to have a copy of your prescription insurance card faxed to 860-486-0792. Or have someone text you a photo of your prescription insurance card, making sure the information below is clearly visible in the picture.

If you elect to pick up your prescription prior to providing our pharmacy with your insurance information, we can give you a brief, same-day grace period for submitting the information. Complete insurance information must be received in the pharmacy by 5 p.m. on the date of service; otherwise the resulting charge(s) may be billed to your student fee bill.

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Student's Name (please print) \_\_\_\_\_

UConn Peoplesoft# \_\_\_\_\_

Name of Prescription Insurance carrier:  
(e.g. Caremark, Medco, ExpressScripts, etc.) \_\_\_\_\_

ID# \_\_\_\_\_

BIN# (6 digits) \_\_\_\_\_

Rx Group# \_\_\_\_\_

PCN# \_\_\_\_\_