



Attn: Summit America Insurance Services
7400 College Blvd., Ste 100
Overland Park, KS 66210
Phone: 800-890-8755
Fax: 913-327-7520

INJURY PRESCRIPTION DRUG CLAIM FORM

**HOWARD UNIVERSITY
GROUP # 09430012
INJURY PRESCRIPTION DRUG CLAIM FORM**

Member Information:

Member Name:		Student ID Number:	Phone Number:
Street Address*:	City:	State:	Zip Code:
Reason For Taking This Medication:			

*Is this a new address? ___ Yes ___ No

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

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

*Benefits are administered by Summit America. Please call (800) 890-8755 or email
claims@summitamerica-ins.com with all questions.*