



**Instructions:** Please wait until you receive your **UPMC Health Plan ID Card** before sending this claim for reimbursement. Claims without the proper identification number from your **UPMC Health Plan ID card** will not be processed. To avoid undue delay, please complete all required areas of information on the claim form.

Please be sure to copy your subscriber identification number exactly as it appears on the **UPMC Health Plan ID card**. If this is not done, the claim form will be returned to you.

**Note: Claim submission is not a guarantee of payment.**

**WHERE TO MAIL THIS FORM:**

**UPMC Health Plan**  
**Argus Health Systems**  
**PO BOX 419019, Dept. 203**  
**Kansas City, MO 64141**

**FOREIGN CLAIMS AND VACATION SUPPLIES**

If the claim is for a prescription purchased in a foreign country, please submit your prescription receipt with the name of the drug(s), and state the foreign currency used. Mark the "Foreign Claims" box below.

Foreign Claims

Currency used: \_\_\_\_\_

Drug names: \_\_\_\_\_

If the claim is for a vacation supply, fill out this form, attach the prescription receipt, and mark the "Vacation Supply" box below.

Vacation Supply

**MAIL PHARMACY FOREIGN CLAIMS AND VACATION SUPPLY CLAIMS TO:**

**UPMC Health Plan**  
**Attn: Pharmacy Services**  
**One Chatham Center**  
**112 Washington Place**  
**Pittsburgh, PA 15219**

**Any questions? Call Argus Member Services at 1-877-695-0504**