



Medi-Cal and Healthy Families

Emergency Contraceptive Pharmacy Reimbursement Form

Applies only to Preven and Plan B prescriptions for Blue Cross of California MediCal and Healthy Families Members

For reimbursement of the Emergency Contraceptive Prescribing and Consultation by Pharmacists, please be sure to attach the original receipts to a standard Blue Cross Pharmacy Management claim form along with completing the required information on the bottom of this form and mail to:

Blue Cross of California Pharmacy Management
ATTN: Matt Denney AF-3
P.O. BOX 4165
Woodland Hills, CA 91365

CA RPh State License Number:

Name of Dispensing Pharmacist:

Name of Prescriber participating in collaborative practice agreement:

Name of Patient:

Certificate Number of Patient:

Original Dispense Date of Medication:

For questions or concerns about this program or to request more forms, please call the WellPoint Pharmacy Management Customer Service Department at 1-800-700-2541.

Thank you.