



Auto No-Fault Pharmacy Referral Form

Our Pharmacy Referral Form is a quick and easy way to submit a referral for pharmacy products and services. Simply fill in the information below and email the completed form to Auto-PCSReferrals@optum.com. We'll take it from there.

In the event of questions, urgent service needs, or should you wish to speak with one of our representatives, please call us at 1-877-494-9195. Otherwise, we will contact you within 24 hours of receipt to obtain any additional claim details to process this referral. Fields marked with an asterisk (*) are required.

Claim Type

New Claim Existing Claim

Referral Source

Your Name* _____

Email Address* _____

Company Name _____

Phone Number* _____

Relationship to Claimant Claims Professional Case Manager Other – specify: _____

Claimant Information

Claimant Name* _____

Date of Birth* _____

Phone Number* _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Claimant Gender Male Female

Claim Information

Adjuster Name _____

Adjuster Phone Number _____ Adjuster Email Address _____

Claim Number* _____

Insurance Carrier/TPA* _____

Date of Injury* _____

State of Injury/Jurisdiction* _____

Authorized Physician Name* _____

Physician Phone Number _____

Diagnosis Code or Body Part/Nature of Injury _____

Pharmacy Name _____ Pharmacy Phone Number _____

Details

Is Auto Insurance Primary? Yes No Deductible _____ Co-pay _____

Authorized Medications _____

Denied Medications _____

Length of Drug Card Service _____ Drug Strategy Type _____

Comments

