HEARTLAND NATIONAL Life Insurance Company

PO Box 11903
Winston-Salem, NC 27116
www.heartlandnationallife.com | (888) 616-0015

PRESCRIPTION DRUG CLAIM FORM

General Information

Policyholder Name (First, Middle, Last)	Date of Birth	Policy #	
Address	City	State	Zip Code
Phone Number	Email Address		

Prescription Information

Name of Medication	Fill Date	Prescription #	Pharmacy
Name of Medication	Fill Date	Prescription #	Pharmacy
Name of Medication	Fill Date	Prescription #	Pharmacy
Name of Medication	Fill Date	Prescription #	Pharmacy
Name of Medication	Fill Date	Prescription #	Pharmacy

Policyholder Signature	Date

Please send the completed claim form and itemized prescription drug documentation to:

Heartland National Life Insurance Company
Attn: Claims
PO Box 11903
Winston-Salem, NC 27116

OR you can fax to:

Fax: (336) 900-2078