**Paper Claim - Assignment of Benefits**

[Process](#_Toc143082538)

[Related Documents](#_Toc143082539)

**Description:**Instructions to process a refund for a member’s account after the prescription has been paid out of pocket by someone other than the member and they want the refund to be made payable to the payor.

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| **Process** |

Icon - Important Information This process **does not apply to FEP or MED D.**

**AOB (Assignment of Benefits):** Most commonly seen in paper claims (PCL), an AOB allows direct reimbursement for the cost of medications administered (or supplied) in a prescriber’s office or other treatment facility (such as nursing home, rehabilitation facility, cancer treatment center, etcetera) to the payor.

**Examples:**  Surviving spouse, power of attorney, nursing home, provider submitted claims (**Example:** Hospital take home drugs).

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| **Step** | **Action** |
| **1** | Review the CIF.   * If the member **does not** have a paper claims benefit, the member will not be able to file for reimbursement. If the medication was administered at a provider’s office, nursing home, via an at home health care service, etcetera. The member **may** be able to contact their medical insurance provider to request reimbursement through medical insurance. * If the member **has** paper claim benefits, then refer to [Paper Claim Research (Submissions, Locating, Rejections, and Reimbursements (059668).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4e81c6b3-9feb-442a-b625-508abf839729) Instruct member/caller to write AOB below the Member Information section of the form. |
| **2** | **The member will need to:**   1. Submit the appropriate claim form’s, refer to [Paper Claim Research (Submissions, Locating, Rejections, and Reimbursements (059668).](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=4e81c6b3-9feb-442a-b625-508abf839729)   **Note:**  Electronic submission (via Caremark.com or the Caremark app) does not have the option for AOB. The member needs to obtain the form/s and mail them in per the above linked standard process.   1. Instruct the member to write AOB below the Member Information section of the form. **Reminder:** If the reimbursement is mailed to anyone other than the member, provide the full name and address of the person or business where the AOB should be assigned. |

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| **Related Documents** |

[Paper Claim Index (042914)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1f72603c-4632-4e85-8d97-16cb51a3be1f)

[Customer Care Abbreviations, Definitions and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

**Parent Document:**  [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

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