BAF FINANCIAL INSURANCE (BAHAMAS) LIMITED

GROUP INSURANCE PHARMACY CLAIM

To be completed by the Pharmacy
(PLEASE USE BLOCK LETTERS)

BAF TIN #: 100239418

Name of Pharmacy	Location
Date of Service _____	Pharmacist on Duty _____

Name of Insured		Name of Patient	
Group Number	Certificate / ID Number	Date of Birth	Name of Physician

BENEFIT _____ **VERIFIED BY** _____

RX No.	Name of Drug	QTY	Cost	Total
			Subtotal	
			Co-Payment	
			Net Due	

Medical identification cards must be presented at the time of service and a signed authorization from the client must be submitted with your claim. Over the counter drugs are not covered.

Signature of Patient _____ Date _____

BAF Financial & Insurance (Bahamas) Ltd
Independence Drive P.O.Box N-4815
Nassau, Bahamas
Tel. +1 (242) 322-1570 · Fax + (242) 322-1574
www.mybaf.com