



Best Available Evidence Request Form

Fax completed form to:

Attention: Virginia Premier
Pharmacy Department
877-794-7949

Or Mail form using provided self-addressed envelope.

Member Last Name:		Member First Name:	
Member ID:			
Member Date of Birth:			
Member Medicare Number:			
Member Phone Number:			
Member Address:			
City:	State:	Zip Code:	
Does member reside in a LTC facility? (Name of Facility)			
What is the awarded LIS level?			
What is the effective date of LIS level?			
Name of person submitting form:			
Signature of Requester:		Date:	

Virginia Premier is an HMO D-SNP organization with a Medicare contract. Enrollment in any Virginia Premier plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

Premium, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

From October 1 to February 14, we are open daily from 8:00 am to 8:00 pm, 7 days a week, excluding certain holidays. On weekends and certain holidays from February 15 to September 30, your call will be handled by our automated phone system.

This information is available for free in other languages.