

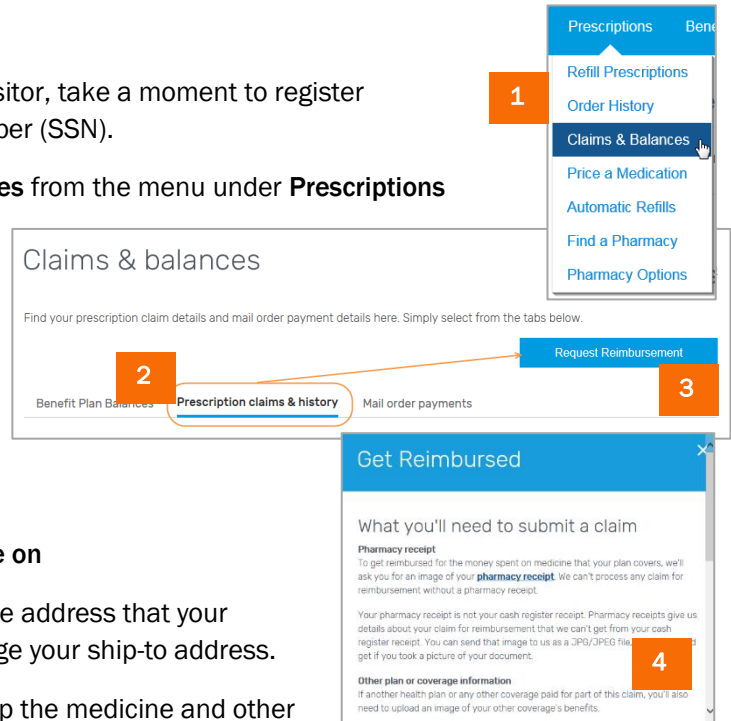
Submit Reimbursement for a Direct Claim

You can submit a direct claim electronically using express-scripts.com for a prescription drug.

Submit a claim

Log in to express-scripts.com. If you are a first-time visitor, take a moment to register using your member ID number or Social Security number (SSN).

1. From the home page, select **Claims & Balances** from the menu under **Prescriptions**
2. Select the **Prescription claims & history** tab
3. Click **Request Reimbursement**
4. Gather your documents; click **Get Started**
5. Select your claim type; click **Start Claim**



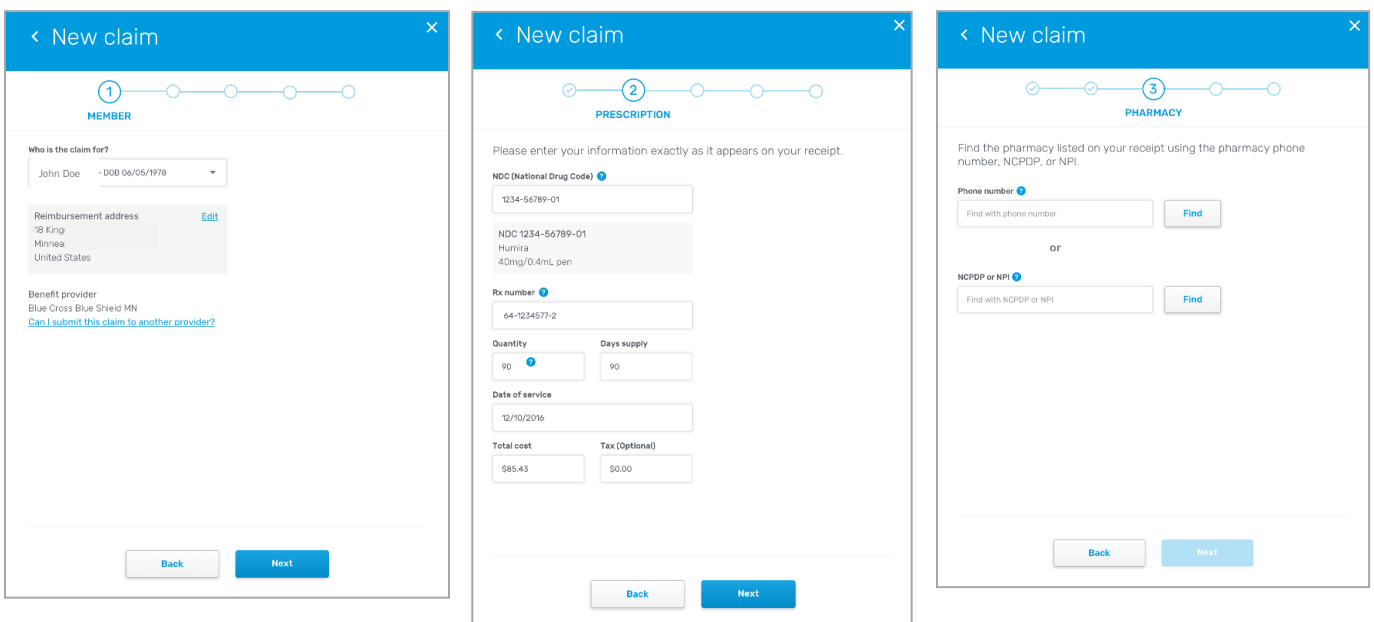
Complete the claim form

The Progress Bar will let you know which step you are on

Member – Tell us who the claim is for. You can edit the address that your reimbursement should be sent to. This does not change your ship-to address.

Prescription – Give us the NDC code so we can look up the medicine and other details. If you need help, just click the “?”

Pharmacy – Tell us where you purchased the medicine by providing the phone number from your receipt. If you need help, just click the “?”



(Continued next page)

Complete the claim form (continued)

Receipts – Upload at least one pharmacy receipt with this request. An acceptable pharmacy receipt includes prescription information such as Rx number, drug name, and pharmacy address.” Currently only a .jpeg file format is acceptable.

Review & Submit – Ensure all information is correct and edit any inaccuracies by clicking **Edit**. Once it is correct, acknowledge the terms with a ✓ and click **Submit Claim**.

< New claim

4 RECEIPT(S)

To complete your claim, provide an electronic copy of your pharmacy receipt(s). An acceptable **pharmacy receipt** includes prescription information such as Rx number, drug name, and dose instructions.

Upload Receipt(s)

Accepted file formats: PDF or JPG

Please upload at least one pharmacy receipt.

Back Next

< New claim

5 REVIEW & SUBMIT

Review your claim and make any necessary edits. All claim information must match your receipt.

John Doe Date of Birth: 06/05/1978 [Edit](#)

Reimbursement address: 18 Kingswood Drive, Minneapolis, MN 55401, United States Benefits provider: Blue Cross Blue Shield MN

Prescription: NDC 1234-56789-01, Humira, 40mg/0.4ml, pen, Rx # 04-1234567-2, 6 cets / 90-day supply Date of service: 12/10/2016, Total cost: \$35.45, Tax: SC:00, DAW Code: 1 - Brand medically necessary, No substitution allowed. [Edit](#)

Pharmacy: Pharmacy, Inc., 1011 Main St., Atlanta, GA 30329, (404) 123-1234 [Edit](#)

Receipt: receipt1.jpg [Edit](#)

Comments (Optional): 500 character max

Acknowledgement: By electronically acknowledging, I agree my submission is accurate and truthful, and the medication was not for treatment of an on-the-job injury. Reimbursement will be paid directly to me, and I will not assign benefits to a pharmacy or other party.

Back Submit Claim

Claim submitted

Print your claim (optional) and click **Done** to return to the website.

Claim submitted

✓

Your claim was submitted

We'll review your reimbursement request and get back to you soon.

Print Claim Done

Or mail your reimbursement request

You can download a claim form, complete, and mail to Express Scripts with your receipt(s). Select **Forms & Cards** (or **Forms**) from the menu under **Benefit**.

Please note that prescription receipts do not need to be translated into English before uploading the reimbursement request.

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