

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

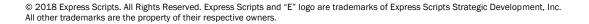
Member – Tell us who the claim is for. You can edit the address that your reimbursement should be sent to. This does not change your ship-to address.

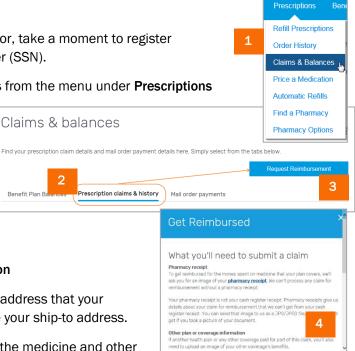
Prescription – Give us the NDC code so we can look up the medicine and other details. If you need help, just click the **"?**"

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

< New claim ×	< New claim ×	< New claim ×
()OOO MEMBER		⊘(3) рнагмасу
Who is the claim for? John Doe 000 84/05/1978 Reimburgsmeint address Edit 18 King Edit 19 King United States United States Edit Benefit provider Elue Cross Bue Sheid MN Can I submit this claim to another provider?	Please enter your information exactly as it appears on your receipt. NDC (trational Drug Code) 1234-56789-01 NDC 1234-56789-01 Humia 40mg/0.4mL pen Rx number 4 4-4234577-2 Ountity 0 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Find the pharmacy listed on your receipt using the pharmacy phone number, NCPDP, or NPI. Prote number Find Find Find Find Find Find Find Find
Back Next	Dack Next	Back Next

(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 $\sqrt{}$ and click **Submit Claim**.

New claim ×	< New claim
⊘⊘ RECEIPT(S)	⊘⊘5 REVIEW & SUBMIT
iplete your claim, provide an electronic copy of your pharmacy (s). An acceptable pharmacy receipt includes prescription blon such as KN number, drug name, and dose instructions. and Receipt(s) %e formace FOF s 2760	Review your claim and make any necessary edits. All claim information must match your receipt. John Doe Date of Birth: 06/05/1978 Edit
	Rel/Inbursement address Benafits provider 18 Kingswood Drive Blue Cross Blue Shield MN Minreapolis NN 55401-1234 United States
Please upload at least one pharmacy receipt.	Prescription Edit NDC 1234-56789-01 Date of service-12/10/2016 Humina Total cost; \$55.43 457xg/D 4mLpen Total cost; \$55.43 10 Total cost; \$55.43 Total cost; \$55.43 457xg/D 4mLpen Total cost; \$56.40 10 Rx # 64-12245/7-2 DWK dode: 1-End medically necessary; o cers / 90-dey supply
Back Next	Pharmacy Edit NCPUPE//WF# 12445678901 Pharmary, Inc. Pharmary, Inc. 1111 Mon 58. 1111 Mon 58. 1411473-12344

Claim submitted

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

Claim submitted	×
\checkmark	
Your claim was submitted	
We'll review your reimbursement request and get back to you soon.	
Print Claim Done	

NDC 1234-56784-01 Date of service: 12/10/2016 Humina Total cost: 588.43 40m2/0.4mL pen Tax: 60.00 Haw of 1224/57/2 DAV Dode: 1 - Brand medically naccessary. o ceris / 90-dey supply No substitution allowed. Pharmacy No Pharmacy No Humina R3. Hathati, 68.30399 (414) 123-1234 Receipt receptUpg	Reimbursement address 18 Kingswood Drive Minneapolis, MN 55401-1234 United States	Benefits provider Blue Cross Blue Shield MN
Humina Total cost \$55.43 40m2/04mLpen Tac: 60.00 Re: 04.12546/72 DW bode: 1. Brand medically neccessary. olders / 90.dey suppry No substitution ellowed. Pharmacy Ro NOCPEPU/WHI# 123456/39001 Fbarmacy, Inc. Homons, No. Homons, No. Homo	Prescription	5
NGPOPU/NPI# 123450/2901 Pharmany, Inc. 101 Man 78. Allanta: (34 30329 (a14) 123-1234 Receipt receipt1.jpg	Humira 40mg/0.4mL.pen Rx # 64-1234577-2	Total cost: \$85.43 Tax: \$0.00 DAW Code: 1 - Erand medically neccessary.
receptlyg	NCPDPD/NPI# 12345678901 Pharmacy, Inc. 100 Main St. Atlanta, GA 30329	5
Comments (Optional)		E
	Comments (Optional)	
500 cheracter max	500 character max	
	Bac	Submit Claim

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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