

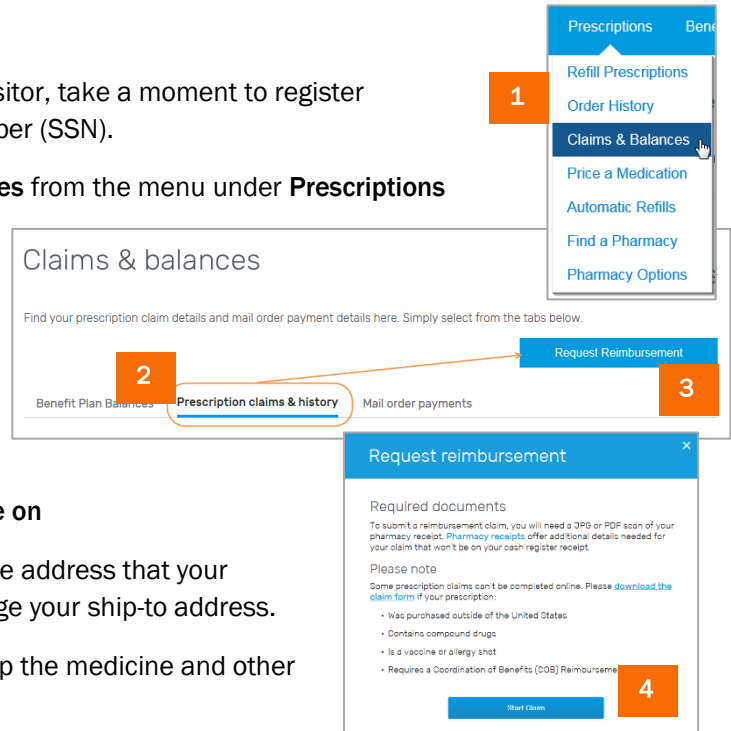
# Submit Reimbursement for a Direct Claim

You can submit a direct claim electronically using [express-scripts.com](http://express-scripts.com) if it is for a prescription drug<sup>1</sup> purchased in the United States.

## Submit a claim

Log in to [express-scripts.com](http://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 **Start Claim**



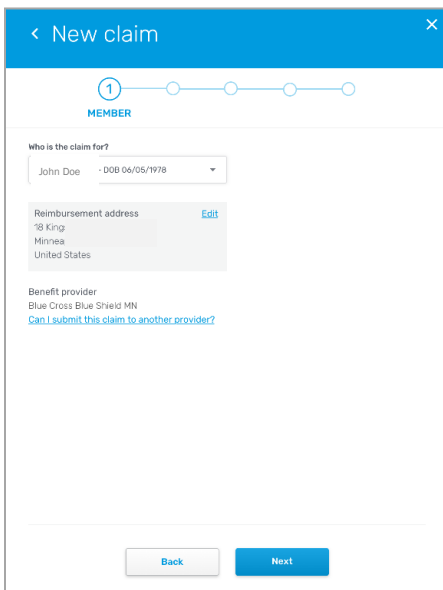
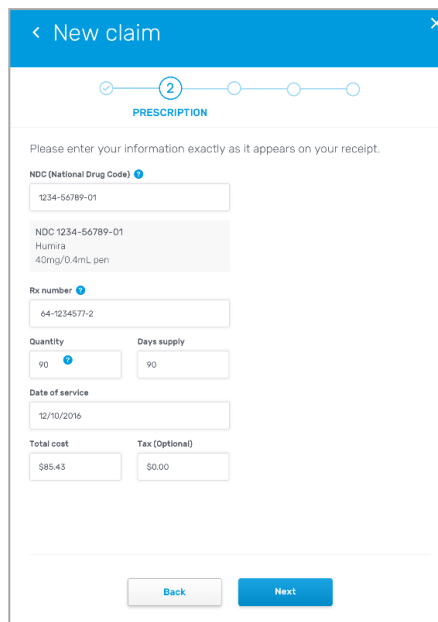
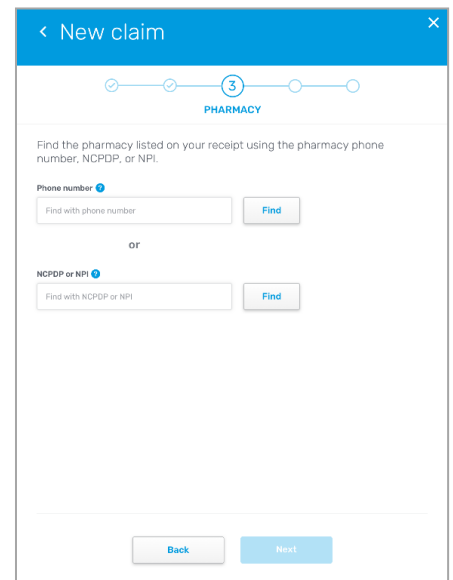
## Complete the claim form

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)*

<sup>1</sup> Foreign, and allergy claims are not eligible for online reimbursement at this time. Reimbursement will be determined based on plan design.

## 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** Benefits provider  
18 Kingswood Drive Blue Cross Blue Shield MN  
Minneapolis, MN 55401-1254  
United States

**Prescription** [Edit](#)  
NDC: 1234-56789-01 Date of service: 12/10/2016  
Humira Total cost: \$35.45  
40mg/0.4ml, pen Tax: SC100  
Rx #: 04-1234567-2 DAW Code: 1 - Brand medically necessary  
6 caps / 90-day supply No substitution allowed

**Pharmacy** [Edit](#)  
NCPDP ID/BR#: 12345678901  
Pharmacy, Inc.  
100 Main St.  
Atlanta, GA 30329  
(404) 123-1234

**Receipt** [Edit](#)  
receipt1.jpg

**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**.