

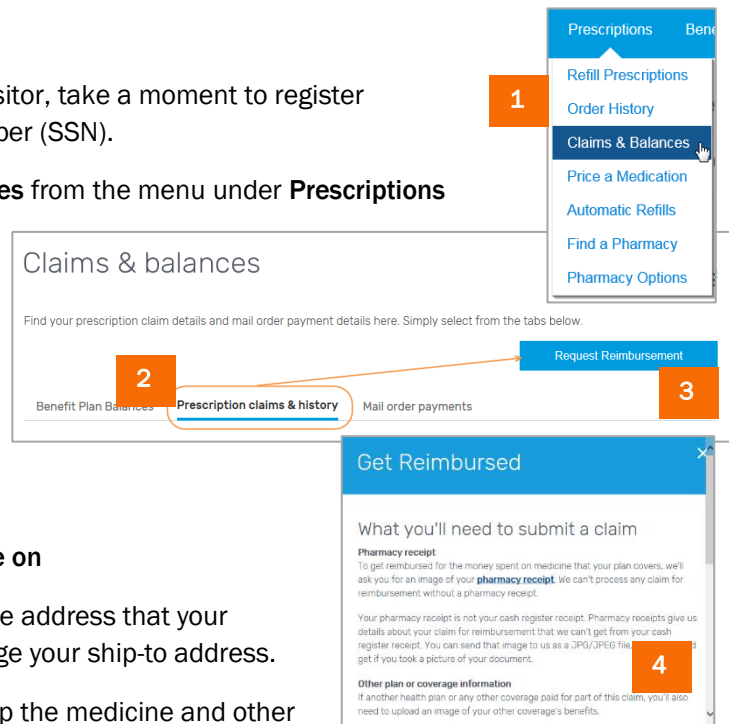
Submit Reimbursement for a Direct Claim

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**



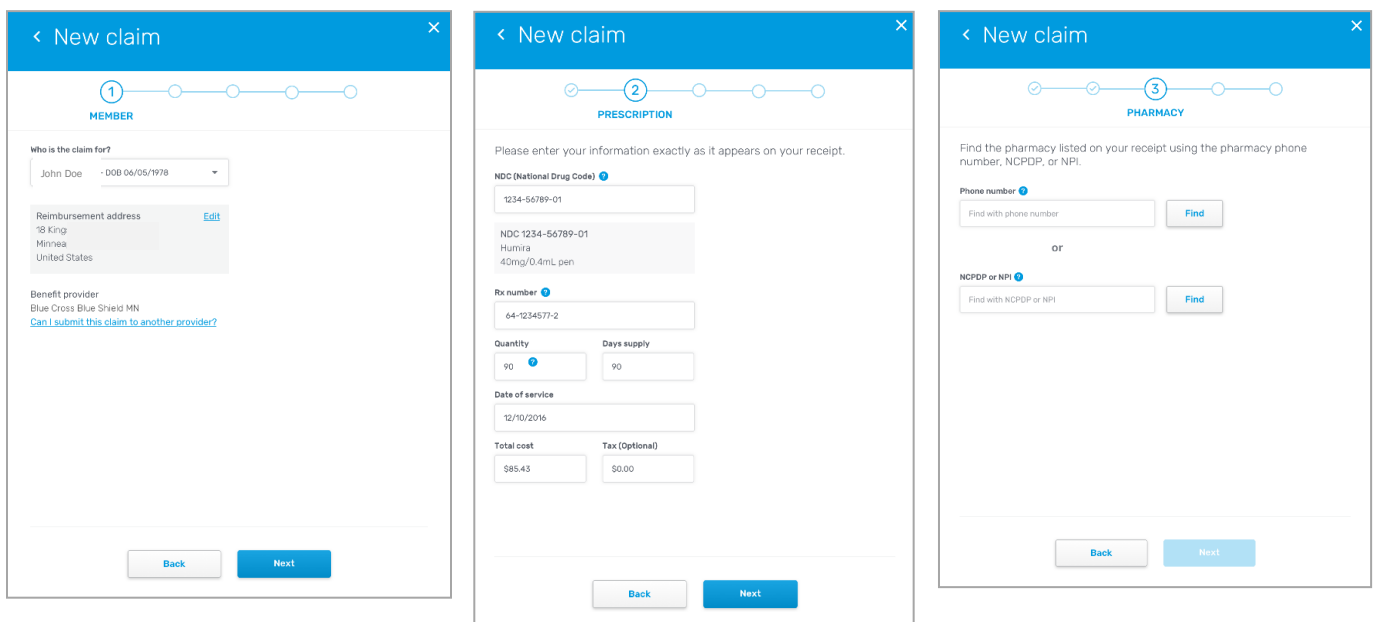
Complete the claim form

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

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

REVIEW & SUBMIT

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

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

Reimbursement address [Edit](#)
18 Kingswood Drive
Minneapolis, MN 55401-1234
United States

Benefits provider
Blue Cross Blue Shield MN

Prescription [Edit](#)
NDC: 1234-56789-01
Humira
40mg/0.4ml, pen
Rx #: 04-1234567-2
6 caps / 90-day supply

Date of service: 12/10/2016
Total cost: \$35.45
Tax: SC 100
DAW Code: 1 - Brand medically necessary
no substitution allowed

Pharmacy [Edit](#)
NCPDP ID/DEA #: 12345678901
Pharmacy, Inc.
1011 Main St.
Atlanta, GA 30329
(404) 123-1234

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

Comments (Optional)
500 character limit

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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