

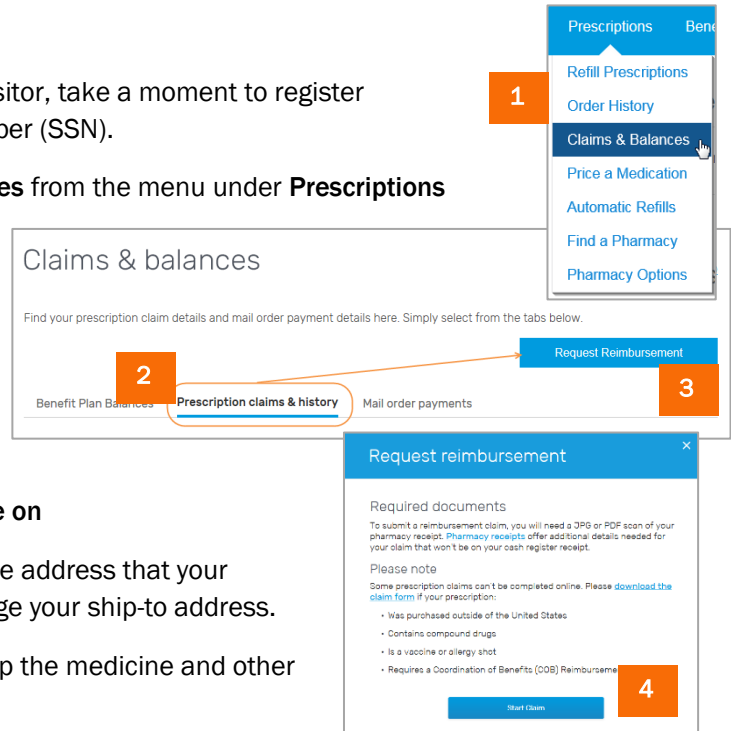
Submit Reimbursement for a Direct Claim

You can submit a direct claim electronically using express-scripts.com if it is for a prescription drug¹ purchased in the United States.

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 **Start Claim**



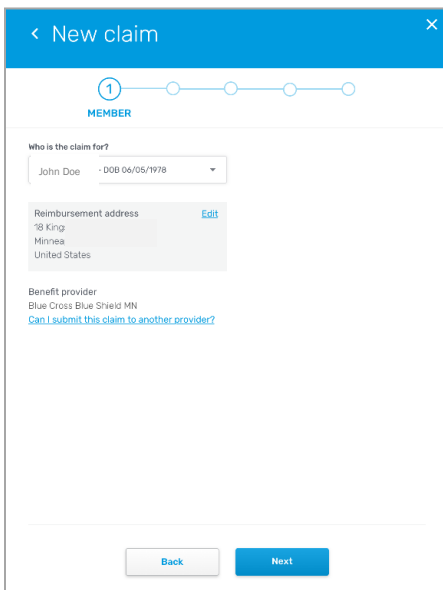
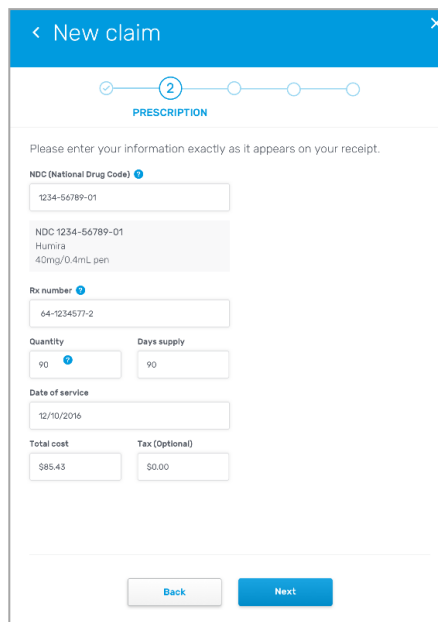
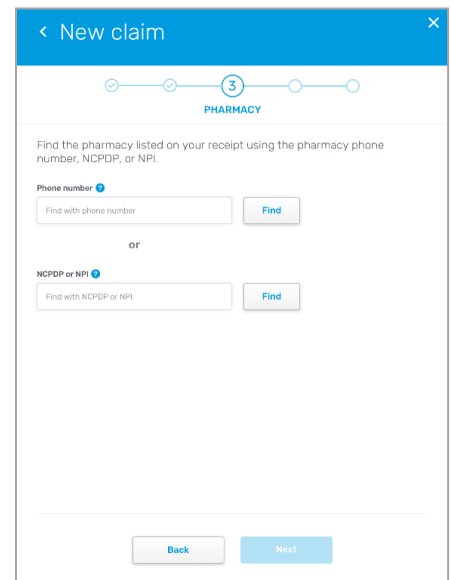
Complete the claim form

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)

¹ 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 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 caps / 90-day supply

Date of service: 12/10/2016, Total cost: \$35.45, Tax: \$0.00, DAW Code: 1 - Brand medically necessary, No substitution allowed. [Edit](#)

Pharmacy NCPDP ID/NE#: 12345678901, Pharmacy, Inc., 100 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**.