



EXPRESS SCRIPTS PRESCRIPTION DRUG CLAIM FORM

SECTION A - SUBSCRIBER INFORMATION

Subscriber's Name (last, first, MI)		Subscriber ID Number
Address Street _____		
City/State _____ Zip Code _____		
<input type="checkbox"/> Check if new address		
Telephone Home () _____		Work () _____
Employer _____	Insurance Carrier _____	Group Number _____

I Certify that all information provided is correct and that the prescription(s) submitted are for myself or members of my family who are eligible. The patient(s) listed below has(have) received the medication, and I authorize release of all information contained on this claim to Express Scripts, Inc. and my Plan Sponsor.



Subscriber's Signature

Date

SECTION B - PATIENT INFORMATION. Complete this section for each eligible family member who received medication for which you are submitting claims at this time.

#	Patient's Name (last, first, MI)	Relationship to Subscriber	Gender	Date of Birth	No. of Prescriptions for Patient	Total \$ Amount for Patient
1		Self Dependent Spouse Other	Male Female		_____	\$ _____
2		Self Dependent Spouse Other	Male Female		_____	\$ _____
3		Self Dependent Spouse Other	Male Female		_____	\$ _____
4		Self Dependent Spouse Other	Male Female		_____	\$ _____



TOTALS FOR ALL PRESCRIPTIONS

_____	\$ _____
-------	----------

SECTION C - PRESCRIPTION INFORMATION: IMPORTANT: Submit either prescription receipts/labels with this claim form or a patient history print-out from your pharmacy. Claims received missing any of the following information may be returned or payment may be denied.

- Pharmacy Name/Address • Date Filled • Drug Name and Strength • Rx Number • Quantity • Price

Note: Altered receipts require pharmacist signature.

SECTION D - OTHER COVERAGE INFORMATION (Specific coordination of benefits form available upon request.)

- Are any family members eligible for additional prescription drug benefits? Yes No
- Name of other insurance carrier/administrator _____
- Policy Holder's Name _____
- Have these claims been processed by your other insurance? Yes No

SECTION E - REASON FOR CLAIM SUBMISSION OR SPECIAL NOTES:

--	--