



If you paid out of pocket for your prescription and didn't use your insurance, you may be able to get reimbursed. Use this form each time you submit a pharmacy claim.

This is for members with HAP CareSource. Remember to:

- Complete one form per family member.
- Keep a copy of all receipts and documents for your records.
- Allow 14 days for processing.

Step 1: Patient information (please print)

Patient name: _____ Rx ID number: _____
 (located on the front, lower corner of your ID card)

Date of Birth: _____ Address: _____

Phone Number: _____ City, State, ZIP: _____

Step 2: Attach receipt

Attach the receipt from the pharmacy that includes the following:

- Patient's name
- Date prescription was filled
- Dollar amount charged for each prescription
- Prescription number
- Prescription or medicine name & National Drug Code
- Doctor's name
- Quantity and day supply

Contact your pharmacy if you need a copy of your receipt. Also attach the receipt from the register for proof of payment.

Step 3: Submit

Please send this form and your receipts to:

Express Scripts
ATTN: Commercial Claims
P.O. Box 14711
Lexington, KY 40512-4711

For more information, call 1-833-230-2053 (TTY: 711), 24 hours a day, seven days a week.