

COVID-19 OTC TEST KIT MEMBER GUIDE

# Direct Claims Submission

# Electronic Direct Claim Process

A member can submit an electronic direct claim on the Forms page via [www.express-scripts.com](http://www.express-scripts.com)

- Submit a Claim Online button

EXPRESS SCRIPTS®

Home Prescriptions Benefits Account Help Log Out

## Forms

Get started with home delivery:

To mail in a prescription your doctor has already written:  
Print and complete the [Home Delivery Order Form \(PDF\)](#). Mail it to the address found on the form.  
Can't print? [Request a Home Delivery Order Form](#) by mail.

To request a new prescription from your doctor:  
Print the [Mail Order Fax Form \(PDF\)](#) and have your doctor complete it. Then fax it to us at the number found on the form.

Please note: The fastest way to get your new prescription is to ask your doctor to submit it electronically (e-Prescribe).

## Request reimbursement:

Submit a claim if you paid full price for medicine at a pharmacy because:

- The pharmacy did not accept your member ID card by mistake.
- You haven't yet received your member ID card.
- You had to buy medicine at a pharmacy outside your pharmacy network.  
For example, you needed to fill a new prescription while you were on a trip.

[Start a Claim](#)

Can't submit your claim online?  
You can download and print the [Prescription Drug Reimbursement Form \(PDF\)](#) and mail it to the address found on the form.  
You can also [request a blank claim form](#) to be mailed to you.

Having trouble viewing the forms? [Get Adobe Acrobat Reader](#)

Please note that if your plan has an Express Scripts Member ID card, you'll now be able to find it under the **Account** menu.

# Informational Claim Page

## Requirements

Members can submit an electronic direct claim if:

- It is a single-ingredient drug
  - COVID-19 OTC Test Kits should be submitted under single-ingredient drug
- It is a compound drug
- It was purchased in the US or it is foreign-bought medicine
- It is allergy serum
- Coordination of benefits (COB)
- They are registered on [express-scripts.com](https://www.express-scripts.com)

## Get Reimbursed

What you'll need to submit a claim

### Pharmacy receipt

To get reimbursed for money the spent on medicine that your plan covers, we'll ask you for an image of your [pharmacy receipt](#). We can't process any claim for reimbursement without a pharmacy receipt.

Your pharmacy receipt is not your cash register receipt. Pharmacy receipts give us details about your claim for reimbursement that we can't get from your cash register receipt. You can send that image to us as a JPG file, like what you'd get if you took a picture of your document.

### Other plan or coverage information

If another health plan or any other coverage paid for part of this claim, you'll also need to upload an image of your other coverage's benefits.

Do you have multiple claims?

You can only submit one claim at a time. If you have more than one claim, you'll need to **submit each claim separately** in order to get your reimbursement.

Can't submit an online claim?

In the event that you are unable to complete your claim for reimbursement online, we'll ask that you complete your form by mail.

1. Download the [claim for reimbursement form](#)
2. Print and complete the form
3. Mail the form and other documents to the address found on the form

Get Started



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# Starting a Direct Claim – Select Your Claim

## Select claim type:

- Single-ingredient medicine (choose this for an OTC COVID test kit)
- Compound drug
- Foreign-bought medicine
- Allergy Serum

< Select Your Claim



Before we get started with your claim

What type of medicine will you be submitting a claim for today?

Single ingredient medicine

Standard brand-name and generic medicine or Covid test kit.

Compound drug

Medicine, often from a compounding pharmacy, with different ingredients combined to meet individual needs.

Foreign-bought medicine

Medicine that was bought outside of the United States.

Allergy Serum

The medicine inside your allergy shot.

Start Claim

# Starting a Direct Claim

## < Claim Submission



Who is the claim for? KIMBERLY

### Reimbursement Address

3001 S PRIEST DR  
TEMPE, AZ 85281

Edit

### Benefit Provider

AZ - TEMPE-NON UNION

Did another health plan or benefit provider already cover part of this claim?

No  
 Yes

If you are covered by more than one Express Scripts plan, you can [log out](#) of this account and log in to your other account.

Back

Next

## < Edit address

We'll use this address for your reimbursement.

### Country

United States

### Street address

Apartment, suite, unit, building, etc. (Optional)

### City

Minneapolis

### State

Minnesota

### ZIP

55401-1234

Cancel

Save

## Getting Started (regular claim)

- Member's eligibility address is the default address.
- The address can be changed but will only be used for reimbursement.
- The member can't submit the claim under any other benefit except the one they are logged in under.

# Prescription Information

## Completing each step – COVID-19 OTC Test Kit

- Pharmacy receipts are the recommended receipt which includes details information about your prescription and payment (provided at pharmacy counter, after submission through benefit)
- If pharmacy receipt is not provided, a standard cashier receipt with COVID-19 OTC Test Kit UPC can be used
  - NDC – please click “Where do I find my NDC?” to get NDCs associated with approved COVID-19 OTC Test Kits, even if only the UPC is on the test kit package
  - Rx or Prescription number – member may enter a default Rx number ‘1234567’
  - Quantity = 1 ; Days Supply = 30
  - Date – purchase date of COVID-19 OTC Test Kits
  - Cost – include cost of kits as shown on receipt

### < Claim Submission ×

✓ — (2) — ○ — ○ — ○  
**Prescription**

Please enter your information exactly as it appears on your pharmacy receipt.

**NDC or National Drug Code number**  
  
[Where do I find my NDC?](#)

**NDC 00071-0155-23**  
LIPITOR 10 MG TABLET

**Rx or Prescription number**

Quantity	Days supply
<input type="text" value="7"/>	<input type="text" value="7"/>

**Date you filled your prescription**

**Total cost**

Total cost must match what is on your receipt. If the claim amount does not match what is on your receipt, your claim may be rejected.

**Tax (if applicable)**

# Retail Pharmacy

- For Single ingredient or Compound drugs, member enters a NCPDP or NPI number from their receipt

OR

- If COVID-19 Test kit was purchased in a pharmacy retail store, please input phone number to help locate pharmacy information
- If COVID-19 Test kit was purchased at a non-pharmacy retailer, input 3000003

< Start Your Claim

3 Pharmacy

Please help us find the pharmacy where you filled this prescription by telling us the pharmacy's phone number, or enter the NCPDP or NPI listed on the receipt.

Find pharmacy by:

Pharmacy phone number

NCPDP or NPI number

Search

Back Next

< Start Your Claim

3 Pharmacy

Please help us find the pharmacy where you filled this prescription by telling us the pharmacy's phone number, or enter the NCPDP or NPI listed on the receipt.

Find pharmacy by:

Pharmacy phone number

NCPDP or NPI number

(314) 123-4567 Search

(404) 123-1234  
Pharmacy, Inc.  
100 Main St.  
Atlanta, GA 30329  
NCPDP# 12345678901  
NPI# 1234567

(404) 123-1234  
Pharmacy, Inc.  
100 Marietta St. Ste 123  
Atlanta, GA 30009  
NCPDP# 12345678322  
NPI# 1234334

Back Next

# Receipt Upload

The member must upload at least one receipt to attach to the claim.

**Please note:** Currently, members are only able to upload JPG/JPEG files. We will be extending this to additional files in the future.

## < Claim Submission

✓ — ✓ — ✓ — **4** — ○  
Receipt(s)


Please send us an image of your **pharmacy receipt**. It should include details such as your prescription or Rx number, the name and NDC number of your medicine, and dose instructions. We can't process a claim without a pharmacy receipt.

You might have more than one receipt. You can use the following button to send one or all of your receipts.

[Upload Receipt\(s\)](#)

Accepted file format: JPG/JPEG

**Test Receipt.jpg**



[Remove](#)

[Feedback](#)

[Back](#) [Next](#)





# Confirmation

- Member can print the claim information that they submitted, if desired.
- Once member clicks Done, the application closes and the member is returned to the member website page they started from.

