EXPRESS

Commercial Prescription Drug Claims Form

Please refer to instructions on reverse side.

STEP 1 CARDHOLDER/PATIENT INFORMATION

Relationship to cardholder? Self Spouse Dependent Gender M F

Date of birth (Month/Day/Year)

CLAIM INFORMATION FROM PHARMACY RECEIPT

(to be completed by patient)

Reason for submission? Forgot insurance card Processing error at pharmacy Out of network pharmacy

Other _____

Is this a compound Rx? Y N (If yes, please attach a compound claim form from the pharmacy.)

Does the patient reside in an assisted living facility? Y N Is this for an allergy serum? Y N

Is this claim for a diabetic supply? Y N Was a discount card used? Y N