

CVS Web Support FAQs

Steps for Submitting a Paper Claim Reimbursement Form

Reminders (NOTE – These may prevent you from having to submit a claim form)

- Use your ID card when obtaining prescriptions at a pharmacy.
- Use an in network pharmacy.
- Fill prescriptions for drugs on your approved drug list/formulary.

How to Submit a Paper Claim Reimbursement Form

1. Review the Dos and Don'ts.
2. Download, fully complete and print the Paper Claim Reimbursement Form.
3. Attach receipts to a separate piece of paper; please do not attach to the claim form.
4. Make copies of your submission and retain for your records.
5. Mail to the address indicated on claim form- Claims will be processed within 30 business days

Do's:

- Do complete the Paper Claim Reimbursement Form that corresponds with the RxBIN number on your ID card.
- Do make a copy of your prescription receipt(s) and include with the claim form.
- Do ensure the following is included on your pharmacy receipts or provide on the claim form:

If your plan has Coordination of Benefits (COB), you may submit a paper claim for consideration of your secondary benefit. Be sure to include primary claim payment information and EOB (explanation of benefits) to avoid delays in processing your claim.

- Date of Fill
- Pharmacy information (NABP number, name, phone number, full address)
- Prescriber's NPI number, DEA number and/or FULL name
- Prescription number
- NDC number
- Total charge
- Quantity
- Days supply

Don'ts:

- **Do Not** include Mail Service Order Form with your paper claim submission.
- **Do Not** send in a cash register receipt except for diabetic supplies.
- **Do Not** send medical or dental claims.

Contact us at the number on the back of your ID card if you have any questions regarding your claim(s).

Frequently Asked Questions

MISSING/INVALID INFORMATION	WHAT TO DO?
Days' Supply	Days' supply is the number of days medication is to be taken. This is not the quantity of medication dispensed. See below for quantity. Contact your pharmacy to obtain a new receipt or itemized printout that includes the days' supply in addition to the quantity and directions for use. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. As an alternative, you may contact your pharmacy for this information and write it on the claim form by hand.
National Drug Code (NDC) Number	The NDC number is a unique 11-digit number assigned to each medication by the U.S. Food and Drug Administration (FDA). Contact your pharmacy to obtain a new receipt or itemized printout that shows the NDC number. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. As an alternative, you may contact your pharmacy for this information and write it on the claim form by hand.
Original Receipts	Contact your pharmacy to obtain a new receipt or itemized printout. Please make sure the receipt or itemized printout includes the patient's name, prescription number, date filled, dispensing pharmacy name and address, drug name, strength/form, quantity, ingredient cost, gross amount due, days' supply and price. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. An original cash register receipt is acceptable for diabetic supplies.
NPI, NCPDP or NABP Number	The National Provider Identifier (NPI), National Council for Prescription Drug Programs (NCPDP) or National Boards of Pharmacy (NABP) number is the unique number assigned to each pharmacy. Contact your pharmacy to obtain a new receipt or itemized printout with their valid pharmacy number. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. You also may contact your pharmacy for this information and write it on the claim form by hand.
Member ID Number	Your member ID number is found on your benefit ID card. Your member ID can't be located or matched in our system. Please provide the member ID number that was valid on the date the pharmacy filled the prescription. Always ensure the member ID is correct on the claim form you submitted. If you have additional questions, call the toll-free number on your benefit ID card.
Prescription Number	Every prescription is assigned a unique prescription number (Rx#) by the pharmacy. Contact your pharmacy to obtain a new receipt or itemized printout that includes the prescription number. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. As an alternative, you may contact your pharmacy for this information and write it on the claim form by hand.
Date of Fill	Date of fill is the date the pharmacy filled the prescription. Contact your pharmacy to obtain a new receipt or itemized printout that includes the date the prescription was filled. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing.
Quantity	Quantity is the total number of tablets, milliliters or grams of medication that was dispensed. Contact your pharmacy to obtain a new receipt or itemized printout that includes the quantity of your prescription. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. You also may contact your pharmacy for this information and write it on the claim form by hand.

To avoid or reduce the likelihood of having to submit a paper claim in the future:

- Have your card available at the time you pick up your prescription
- Use a pharmacy that is within the network chosen by your plan sponsor
- Consider medication from your Preferred Drug List
- Refer to the claim form for required information

Please note: Submission of the requested information does not guarantee payment of your claim.