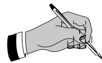
EXPRESS SCRIPTS® UCare

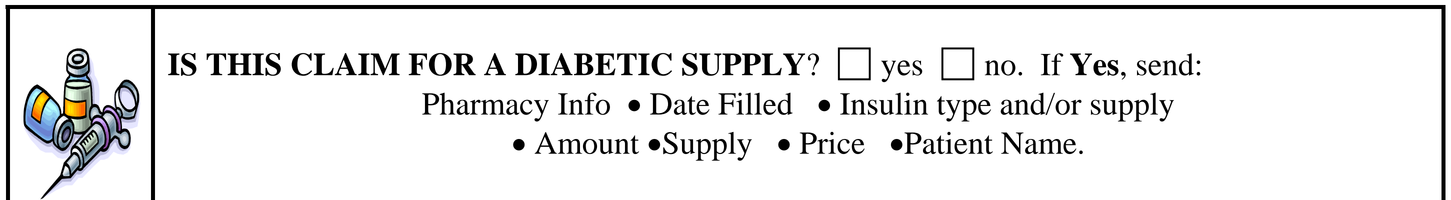
MEMBER CLAIM FORM
MEDICARE PART D

Name	Date of Birth	Sex M F	Member ID Number
Address Check if new address Street____ City/State__________________ Zip Code______________ Telephone (_)_________			

SIGN AND DATE: I pledge this is correct. The prescription(s) submitted are for me. I received the medication, and I approve release of all information related to this claim to Express Scripts, Inc. and UCare. Anyone who files an application for insurance or statement of claim with false or misleading information commits a crime and is subject to penalties.



Sign and Date ______________________________ **Signature** ________ **Date**



IS THIS CLAIM FOR A DIABETIC SUPPLY? ☐ yes ☐ no. If **Yes**, send:
Pharmacy Info • Date Filled • Insulin type and/or supply
• Amount •Supply • Price •Patient Name.

Are you in **assisted living**? ☐ yes ☐no
Is this claim for **allergy serum or vaccination**? ☐ yes ☐no
If yes, please name:_______________________________________

➔ IMPORTANT🡐 All claims need receipts/labels with:
• Pharmacy Information • Date Filled • Drug information
•Amount • Supply • Price • Patient Name

Payment will be late or denied without all info.

☒ **Tape receipts to separate piece of paper.**

☒ **REGISTER RECEIPTS ARE NOT OK FOR PRESCRIPTIONS.**
(Other than diabetic items)

Number of receipts sent:

ESI Use Only (MNU)

Directions for Submitting Your Claim for Reimbursement

If you paid for covered items yourself, send this form to get paid back. Here's what you need to do:

1. Fill out this form.
2. Sign the form.
3. Tape receipts to a separate piece of paper or include the pharmacy printout. (Please DO NOT staple or glue the receipts.)
4. Send this form and receipt or pharmacy printout to:
   Express Scripts, Inc
   P.O. Box 390007
   Bloomington, MN 55439
   ATTN: MED-D Accounts

It takes up to 30 days to get paid back.

IMPORTANT: SIGN FORM.
UNSIGNED CLAIM FORMS WILL BE RETURNED.

Each prescription will need a receipt **or** pharmacy printout that includes the following information:

• Pharmacy information	• Amount
• Date	• Supply
• Drug info	• Price
• Rx Number	• Patient Name

Payment will be late or denied without all information.

Comments or Notes:

Questions?
Call UCare Customer Services at 612-676-6868 or 1-866-280-7202 (toll-free).
Hours of service are 8 a.m. to 8 p.m., seven days a week.
TTY: 612-676-6810 or 1-800-688-2534 (toll free)

For *UCare Connect* (HMO) Members: This plan is available to individuals who are at least 18 years of age and under age 65, have a certified disability, receive Medicaid (Medical Assistance) from the state with or without Medicare Parts A and B, and live in the service area.

For UCare's MSHO (HMO) Members: This plan is available to anyone who is 65 or over, receives Medicaid (Medical Assistance) from the state, has Medicare Parts A and B, and lives in the service area.

UCare Minnesota is a Medicare Advantage organization with a Medicare contract.