



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 30 days to get paid back.

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

Each Prescription entry will need a receipt or pharmacy printout with 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 612-676-3600 or 1-877-523-1515 (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)

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