



## Claim Receipts

Please tape your receipts here. **Do not staple!**

Tape receipt for Rx 1 here.

### Receipts must contain the following information:

- Date prescription filled
- Name and address of pharmacy
- Doctor name or ID number
- NDC number (drug number)
- Name of drug and strength
- Quantity and days' supply
- Prescription number (Rx number)
- DAW (Dispense As Written)
- Amount paid

Tape receipt for Rx 2 here.

### Receipts must contain the following information:

- Date prescription filled
- Name and address of pharmacy
- Doctor name or ID number
- NDC number (drug number)
- Name of drug and strength
- Quantity and days' supply
- Prescription number (Rx number)
- DAW (Dispense As Written)
- Amount paid

Tape receipt for Rx 3 here.

Tape receipt for Rx 4 here.

## Direct Reimbursement Claim Instructions

**Read carefully before completing this form.**

1. Always present your medical/prescription drug ID card at the participating retail pharmacy.
2. Only use this claim form when you have paid full price for a prescription drug order at a pharmacy because:
  - The pharmacy does not accept your medical/prescription drug ID card, or
  - You have not received your medical/prescription drug ID card.
3. You must complete a **separate** claim form for **each pharmacy** used and for **each patient**.
4. You must submit claims within the time frame required by your plan.
5. **Be sure your receipts are complete.**  
In order for your request to be processed, all receipts must contain the information listed above. Your pharmacist can provide the necessary information if it is not itemized on your claim or bill.
6. The plan member should read the acknowledgment carefully, then sign and date this form.
7. Return the completed form and receipt(s) to:  
**Medco Health Solutions, Inc.**  
**P.O. Box 14711**  
**Lexington, KY 40512**

Visit us on the HealthSelect website at [www.ers.state.tx.us](http://www.ers.state.tx.us).

