West Virginia Children's Health Insurance Program
Prescription Claim Form

(Please print or type.)

Policyholder's (child's) Name ______________________________
Last First Middle

Identification Number ____________________ Policyholder's Date of Birth _____ / _____ / _____

Home Address ______________________________

____

Phone Number _______ - _______ - _________ Policyholder's Sex ☐ Male ☐ Female

PLEASE SIGN AND DATE HERE: I certify that the information provided is correct and that the prescription(s) submitted are for my child. The patient listed above has received the medication, and I authorize release of all information contained on this claim to Express Scripts, Inc. and the WVCHIP.

Parent/Guardian Signature:______________________________Date:____________

Please list following information for each prescription submitted for a claim. You may recopy this form as needed to send in prescription claims from more than one pharmacy location.

Pharmacy Name: ______________________________
Pharmacy Location: ______________________________
Physician Name (name of prescribing doctor) and DEA# ______________________________
How many prescriptions attached?: ____________

Is claim for diabetic supply?______
Type of supply (lancets, syringe, etc.)________________
Quantity______ Days supply______
Does the patient reside in an assisted living facility? ______
Is this claim for allergy serum?______

Mail to:
Express Scripts, Inc.
Attn: Claims Department
PO Box 390873
Bloomington MN 55439-0873

IMPORTANT: All prescription claims must have prescriptions receipts/labels which include:
✸Pharmacy Name/Address ✸Date Filled ✸Drug Name, Strength and NDC ✸Rx Number ✸Quantity ✸Days Supply ✸Price ✸Patient's Name
Claims received missing any of the above information may be returned or payment may be denied or delayed.

- Please tape receipts to separate peice of paper
- Patient history printouts from the pharmacy are also acceptable but MUST be signed by the Pharmacist.
- CASH REGISTER RECEIPTS ARE **NOT** ACCEPTABLE FOR ANY PRESCRIPTIONS.

If you have any questions, please call Express Scripts, Inc. toll-free at 1-877-256-4689