## Quick Reference Guide

# **Express Scripts Medicare Customer Service**

Call here to find out in advance if a drug is covered or to ask other general questions.

**Call:** 1.800.860.7849 **Hours:** 24 hours a day, 7 days a week

**TTY:** 1.800.716.3231

#### **Grievance Contact Information**

Use this information to file a grievance.

 Write:
 Express Scripts Medicare
 Call:
 1.800.860.7849

 Attn:
 Grievance Resolution Team
 TTY:
 1.800.716.3231

 P.O. Box 3610
 Fax:
 1.614.907.8547

Dublin, OH 43016-0307 Hours: 24 hours a day, 7 days a week

#### **Initial Coverage Reviews**

Use this contact information if you need a coverage decision for a medication that requires authorization before filling a prescription at a retail or home delivery pharmacy or you need a coverage decision about a restriction on a specific medication, to request a lower cost-sharing amount or to request a medication that is not on your plan's formulary.

Attn: Medicare Reviews **TTY:** 1.800.716.3231 P.O. Box 66571 **Fax:** 1.877.251.5896

St. Louis, MO 63166-6571 **Hours:** 24 hours a day, 7 days a week

### **Appeals Contact Information**

Use this contact information if you need to file an appeal because your coverage review was denied or because your request for a restricted medication or to lower the cost-sharing amount of a specific medication was denied.

Attn: Medicare Appeals TTY: 1.800.716.3231 P.O. Box 66588 Fax: 1.877.852.4070

St. Louis, MO 63166-6588 **Hours:** 24 hours a day, 7 days a week

#### **Paper Claim Submission**

Mail request for payment with receipts to:

Express Scripts
Attn: Medicare Part D
P.O. Box 14718
Lexington, KY 40512-4718

#### To obtain a Direct Claim Form:

Download from our website, **express-scripts.com**, in the Medicare Resources Center found in the Benefits menu, or call Customer Service.

The Direct Claim Form is not required, but it will help us process the information faster. It's a good idea to make a copy of all of your receipts for your records.