



### Submitting a Direct Member Reimbursement (DMR)

The Optum member portal limits the submission of DMR claims to only the subscriber who must have a Health Safe ID. Subscribers can submit DMRs for themselves or any dependent enrolled under their account. This is a safeguard against fraud.

Dependents under the subscriber (ex: dependent spouse or child) cannot submit DMR claims using their own account within their Optum Rx member portal. If a dependent wants to submit a DMR independent of the subscriber the dependent can do so via other routes for DMR submission. These include the Optum Rx website method for submitting a DMR, or by mailing in a DMR form to Optum. We will go through this step-by-step in the guide below.

### How to submit a Direct Member Reimbursement (DMR) Digitally online

If you are the subscriber and are submitting for a DMR online for yourself or dependent, there are two options for submitting a DMR online.

- 1) **Through Your Member Portal:** If you have a member portal, you can follow the step-by-step instructions in this document by [clicking here](#). (Preferred Method)
- 2) **Optum Rx Website Method:** If you don't have a member portal or prefer not to set one up, you can still submit your DMR digitally online using the Optum Rx website method. You can follow the step-by-step instructions by [clicking here](#).

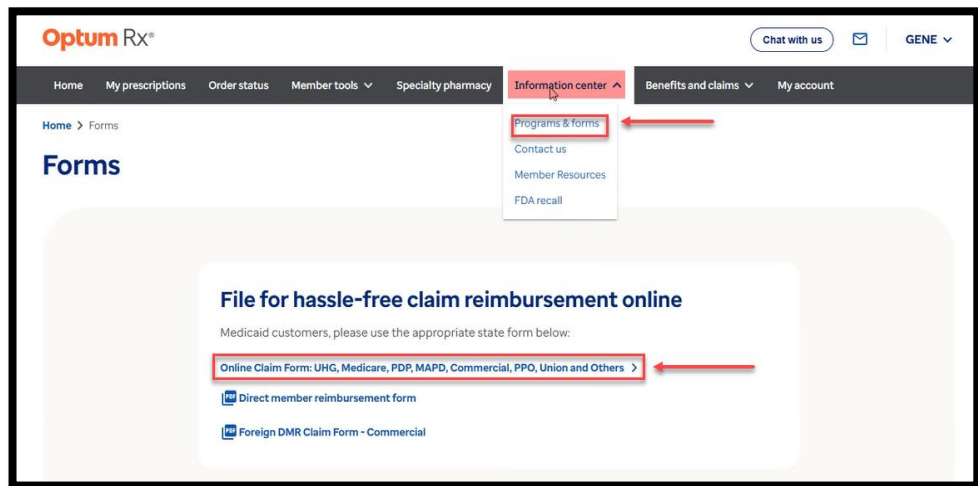
If you are dependent submitting a DMR online for yourself, there is one option for submitting a DMR online. Alternatively, if you prefer, you can submit a paper form. Instructions for both DMR submittal methods are provided below.

- 1) **Optum Rx Website Method:** Dependents can submit their DMR digitally online using the Optum Rx website method only. You can follow the step-by-step instructions in this document by [clicking here](#).
- 2) **Paper Form Method:** If you prefer not to submit digitally, you can request a DMR paper form by calling 1-855-409-6999. You can also obtain a DMR form by logging into your member portal and choosing "Information center" in the top toolbar and then clicking on "Programs and Forms." You will see the DMR form in PDF Format under the "File Online" button.

### Subscribers: Submitting a Direct Member Reimbursement (DMR) through your Member Portal

Step 1:



- Log into Optumrx.com
- Go to the "Information Center" on the menu bar.
- Choose "Programs & Forms".
- Next, you would choose the option, "Online Claim Form".





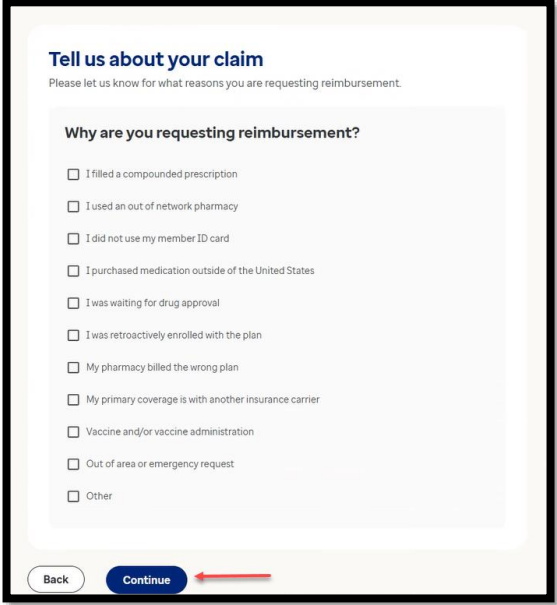
Step 2:

- You will see some informational slides that go over the following details:
  - 1) Patient Information.
  - 2) Upload and enter claim information.
  - 3) Provide mailing address and signature.

The slide is titled '1 Patient information' and features an illustration of two hands holding a heart. It is divided into two main sections. The first section, 'Filing for yourself, household members, or care recipients', includes a note about signing in with an Optum Rx account. The second section, 'Filing on behalf of a patient', lists required documents for verification: CMS-1696 form, Power of Attorney (POA) form, Guardianship papers, Court order, Executor of estate documentation forms, and Health care proxy document(s). Below these lists are links to various forms: 'Personal Representative form', 'Standard ROI/Authorization form', 'Medicare Patient Representative form (CMS-1696)', 'Formulario de designación de representante personal - PDF en español', and 'Formulario de autorización PDF en español'.

	<div data-bbox="446 199 1190 699"> <div> 2 Upload and enter claim information  </div> <div> <b>Pharmacy receipt</b>  First, you'll need to upload your pharmacy receipt as proof of purchase for your prescription. Your pharmacy receipt (not to be confused with your store receipt) is typically attached to your medication, or it can be obtained by contacting your pharmacy or via their website or app. Please attach images of your receipt in an upright, vertical orientation. A clear and unobstructed image is critical; please avoid any shadows, reflections, or obstructions that could impede readability. If you do not have the means to upload a pharmacy receipt, please consider submitting by mail. </div> <div> <b>Prescription details</b>  Before submitting your request for claim reimbursement, you'll need to have your prescription details available, which include the dose, Rx number, NDC (national drug code), and prescription fill date, all of which should be located on your pharmacy receipt. </div> <div> <b>Prescriber and pharmacy information</b>  You'll also need to confirm the prescriber for your prescription(s), and enter in their name and location, as well as the name and location of the pharmacy corresponding to your prescription. </div> </div> <div data-bbox="446 724 1190 1087"> <div> 3 Provide mailing address and signature  </div> <div> <b>Filing for yourself, household members, or care recipients</b>  If your claims reimbursement request is accepted, we'll send you a check by mail to your provided mailing address. Please be ready to provide your preferred mailing address and contact information. </div> <div> <b>Filing on behalf of a patient</b>  If you're filing on behalf of a patient, please enter your patient's mailing address. If the claims reimbursement request is accepted, we'll send them a check by mail. </div> </div>
<p>Step 3:</p>	<p>If completing a digital DMR form for yourself, you would choose the option under “Myself” and click sign in.</p> <ul style="list-style-type: none"> <li>You will need your Health Safe ID to continue.</li> </ul> <div data-bbox="446 1260 1133 1684"> <div>Who are you filing this claim for?</div> <div> Myself <div> Myself, a household member, a dependent, or a care recipient  Please sign in using your HealthSafe ID to continue. <div>Sign in</div> </div> </div> <div> On behalf of a patient as a legal representative <div> On behalf of a patient as a legal representative or custodial guardian  Please have your proof of representation or guardianship on hand before you submit your claim. <div>Start form</div> </div> <div> On behalf of a patient as a benefit sponsor <div>Start form</div> </div> </div> </div>
<p>Step 4:</p>	<p>Once you have signed in, you will see a description of the step-by-step process and the materials needed to complete the process.</p> <ul style="list-style-type: none"> <li>Once you have reviewed, click on “Start.”</li> </ul>

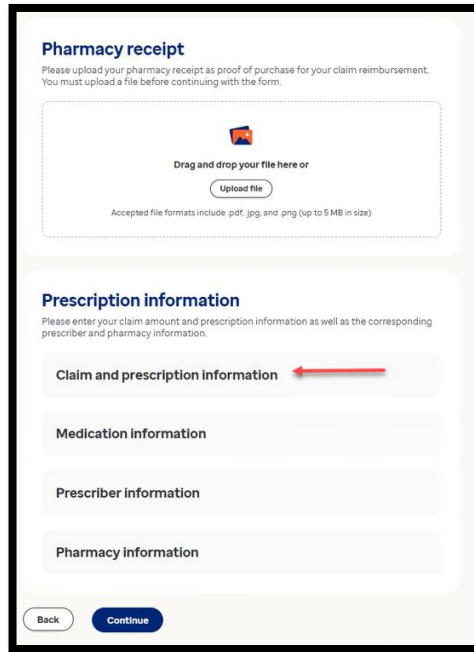
	<div data-bbox="444 199 1167 1312">  <h3>Claim reimbursement, made easy.</h3> <p>Please review below our description of the claims reimbursement process and note the information you'll need available. Unfortunately, we can only process one prescription per claims reimbursement submission at this time.</p> <div> <h4>As easy as 1, 2, 3...</h4> <p>Our claims reimbursement process is quick, simple and just requires you to enter some basic information about your claim and prescription.</p> <div> <div>1 Enter patient information</div> <div>2 Upload and enter claims information</div> <div>3 Provide mailing address and signature</div> </div> </div> <div> <h4>Materials needed</h4> <p>Be sure to have the following materials and information on hand as you'll need it to fill out the claim reimbursement form.</p> <ul style="list-style-type: none"> <li>✓ <b>Pharmacy receipt(s)</b> To submit your claims reimbursement request, you'll need to upload your pharmacy receipt as proof of purchase for your prescription. Your pharmacy receipt (not to be confused with your store or register receipt) is typically attached to or included with your medication, or it can be obtained by contacting your pharmacy or via their website or app. Please attach documentation or images of your receipt in an upright, vertical orientation. A clear and unobstructed image is critical; please avoid any shadows, reflections, or obstructions that could impede readability. If you do not have the means to upload a pharmacy receipt, please consider submitting by mail.</li> <li>✓ <b>Prescription details</b> Before submitting your request for claim reimbursement, you'll need to have your prescription details available, which include the dose, Rx number, NDC (national drug code), and prescription fill date, all of which should be located on your pharmacy receipt.</li> <li>✓ <b>Prescriber and pharmacy information</b> You'll also need to confirm the prescriber for your prescription(s), and enter in their name and location, as well as the name and location of the pharmacy corresponding to your prescription.</li> <li>✓ <b>Mailing address and patient information</b> If your claims reimbursement request is accepted, we'll send you a check by mail to your provided mailing address. Please be ready to provide your preferred mailing address and contact information.</li> </ul> <div> <div>Start</div>  </div> </div> </div>
Step 5:	<ul style="list-style-type: none"> <li>You will click the option that best suits the reason you are requesting reimbursement and click “continue.”</li> </ul>

	
<p>Step 6:</p>	<p>Pharmacy Receipt:</p> <ul style="list-style-type: none"> <li>You will upload your proof of purchase for your claim reimbursement.  <b>Please note:</b> This is not the store or register receipts, this receipt is typically attached to or included with your medication that contains all of your medication details for processing. (If you do not have this you can contact your pharmacy for a printout or sign into the pharmacy website or app to obtain.)</li> <li>Files must be in PDF, JPG, and PNG format (up to 5mb in size)</li> </ul> <p>Once you have uploaded your receipt:</p> <ul style="list-style-type: none"> <li>Our smart technology will extract the details from the receipt and populate the “Prescription Information.”</li> </ul> <p><b>Please Note:</b> If any information is missing, or the receipt is not legible you will then be prompted to enter the “prescription Information” manually.</p> <p>Please see <a href="#">Step 7</a> below to enter the “prescription information manually”</p> <p>If all the information populates, click continue and proceed to <a href="#">Step 17</a>.</p>

**Step 7:**

You will need to complete the Prescription Information.

- 1) First click on the “Claim and prescription information” section.

A screenshot of a web form titled "Pharmacy receipt" and "Prescription information". The "Pharmacy receipt" section has a dashed box for file upload with the text "Drag and drop your file here or" and an "Upload file" button. Below it, it says "Accepted file formats include .pdf, .jpg, and .png (up to 5 MB in size)". The "Prescription information" section has a heading "Please enter your claim amount and prescription information as well as the corresponding prescriber and pharmacy information." Below this are four input fields: "Claim and prescription information" (with a red arrow pointing to it), "Medication information", "Prescriber information", and "Pharmacy information". At the bottom are "Back" and "Continue" buttons.

**Step 8:**

Complete all the information needed within the section and click “save” once finished.

HINT: If you click on the symbol anywhere within the document, it will provide additional hints for that section.




### Claim and prescription information

Fields marked with an asterisk \* are required.

**Claim amount\***

\$###.##

**Prescription fill date\***


mm/dd/yyyy 

Please enter the date on which this prescription was filled. Fill date must be within the last 3 years.

**Rx number\***

For over-the-counter medications, enter 123456789

#####

**NDC number** 

11-digit number

#####-####-##

You can find the NDC of your prescription near the drug name on your bottle or package, or on your pharmacy receipt. Leave the field blank if it's an over-the-counter medication, a foreign claim, or the NDC is unknown.


**Was a brand-name version of this medication requested?\***

Please select the situation which best applies to this claim below.  
(This will be your DAW code number)

☐ Neither I nor my prescriber have a preference (DAW 0)

☐ My prescriber requested the brand-name version (DAW 1)

☐ I requested the brand-name version (DAW 2)


**Save** 

Step 9:

Next, click on the “Medication Information” section.

### Pharmacy receipt

Please upload your pharmacy receipt as proof of purchase for your claim reimbursement. You must upload a file before continuing with the form.



Drag and drop your file here or


**Upload file**

Accepted file formats include pdf, jpg, and png (up to 5 MB in size)

### Prescription information

Please enter your claim amount and prescription information as well as the corresponding prescriber and pharmacy information.

**Claim and prescription information**

**Medication information** 

**Prescriber information**

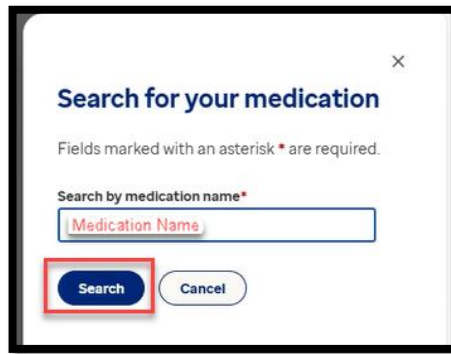
**Pharmacy information**

**Back** **Continue**

Step 10:

This will bring up a pop-up screen on the right-hand side of your screen.

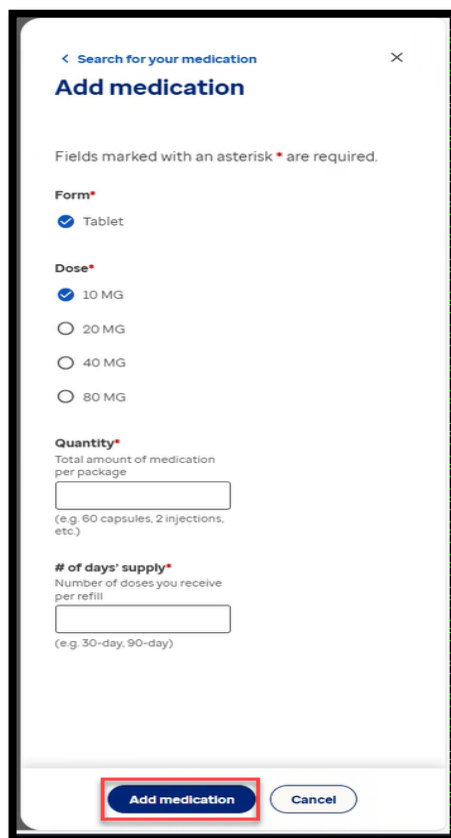
1) You will enter your medication name here and click “search.”



A screenshot of a mobile app pop-up titled "Search for your medication" with a close button (X) in the top right. Below the title is a note: "Fields marked with an asterisk \* are required." The main section is labeled "Search by medication name\*" and contains a text input field with the placeholder text "Medication Name". Below the input field are two buttons: "Search" (highlighted with a red box) and "Cancel".

You will then get another pop-up on the right-hand side of the screen to enter the form, dose, quantity and # of day supply.

- Once you have entered this detail, choose “Add medication.”



A screenshot of a mobile app pop-up titled "Add medication" with a back arrow and close button (X) in the top left. Below the title is a note: "Fields marked with an asterisk \* are required." The form contains several sections: "Form\*" with a radio button selected for "Tablet"; "Dose\*" with radio buttons for "10 MG" (selected), "20 MG", "40 MG", and "80 MG"; "Quantity\*" with a text input field labeled "Total amount of medication per package" and an example "(e.g. 60 capsules, 2 injections, etc.)"; and "# of days' supply\*" with a text input field labeled "Number of doses you receive per refill" and an example "(e.g. 30-day, 90-day)". At the bottom are two buttons: "Add medication" (highlighted with a red box) and "Cancel".



Step 11:

Now, click on the “Prescriber Information” section.

**Pharmacy receipt**  
Please upload your pharmacy receipt as proof of purchase for your claim reimbursement. You must upload a file before continuing with the form.

Drag and drop your file here or  
[Upload file](#)  
Accepted file formats include pdf, jpg, and png (up to 5 MB in size)

**Prescription information**  
Please enter your claim amount and prescription information as well as the corresponding prescriber and pharmacy information.

Claim and prescription information

Medication information

**Prescriber information** ←

Pharmacy information

[Back](#) [Continue](#)

Step 12:

This will bring up a pop-up screen on the right-hand side of your screen.

- 1) You will enter your Prescriber’s full name and location and click “search.”

×

**Search for your prescriber**

Fields marked with an asterisk \* are required.

**Prescriber's full name\***  
FirstName LastName

**Location\***  
Enter your prescriber's city and state or ZIP code

[Search](#) [Cancel](#)

Your search will bring up your Prescriber’s name, you will then choose the location(s) you see for your prescriber and click “Add prescriber.”

< Search results X

### Add prescriber

Harrington, [redacted]  
Family Medicine  
Prescriber for: [redacted]

Where do you see them?

☒ 2531 Boone Rd SE

☐ 2020 Capitol St NE

☐ 1165 Union St NE

☐ 2925 River Rd S

☐ 5900 Inland Shores Way N # 100

☐ 5900 Inland Shores Way N

**Add prescriber** Cancel

Step 13:

Lastly, click on the “Pharmacy Information” section.

### Pharmacy receipt

Please upload your pharmacy receipt as proof of purchase for your claim reimbursement. You must upload a file before continuing with the form.

Drag and drop your file here or  
Upload file

Accepted file formats include pdf, jpg, and png (up to 5 MB in size)

### Prescription information

Please enter your claim amount and prescription information as well as the corresponding prescriber and pharmacy information.

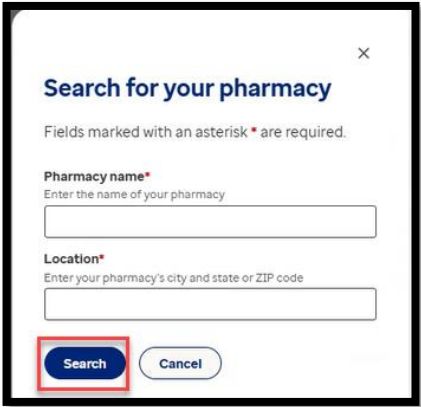
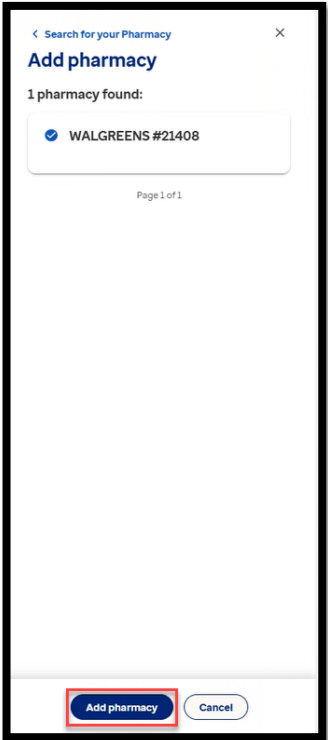
Claim and prescription information

Medication information

Prescriber information

Pharmacy information ←

Back **Continue**

Step 14:	<p>Enter your pharmacy name and location and click “search.”</p> 
Step 15:	<p>Your search will bring up your Pharmacy based on the name and location searched, you will then choose the pharmacy and click “Add pharmacy.”</p> 
Step 16:	<p>Once you have completed entering all the claim information, you would choose “continue.”</p>

### Pharmacy receipt

Please upload your pharmacy receipt as proof of purchase for your claim reimbursement. You must upload a file before continuing with the form.



Drag and drop your file here or

Upload file

Accepted file formats include pdf, jpg, and png (up to 5 MB in size)

### Prescription information

Please enter your claim amount and prescription information as well as the corresponding prescriber and pharmacy information.

Claim and prescription information

Medication information

Prescriber information

Pharmacy information

Back

Continue

Step 17:

Next complete the three sections indicated below.

1) Your address from your profile will appear under mailing address, you will choose the address on the dial. If your correct address is not listed, you would click on the “I don’t see the address I need listed here.”

- **Please note:** The address you enter will not save to your profile. If you need to save your primary mailing address on your profile, please call 1-855-409-6999.

2) Confirm your contact information.

3) Review and sign your name and click “submit.”

The screenshot shows a form titled "Mailing address and signature" with three main sections highlighted by red boxes and numbered 1, 2, and 3. Section 1, "Select a mailing address", includes a radio button for "Your addresses" (labeled "Members Address will appear here.") and a link for "I don't see the address I need listed here". Section 2, "Contact information", includes fields for "Your email address" and "Your phone number". Section 3, "Review and sign", includes a "View terms and conditions" link, a "Please enter your full name" field, and "Back" and "Submit" buttons.

Step 18:

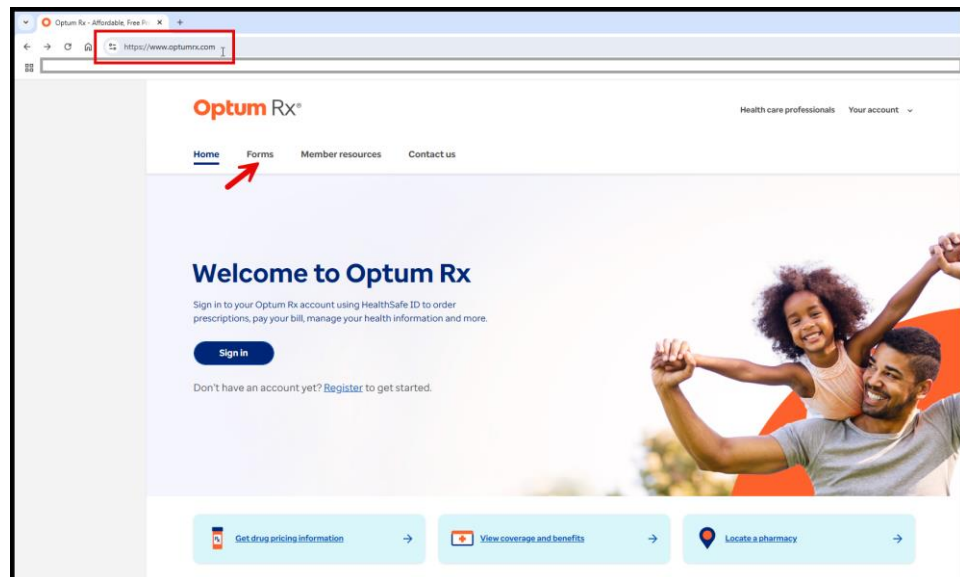
Once submitted you will receive a confirmation number.

The screenshot shows a confirmation page with a blue header. It displays a "Confirmation number: 174123805188" and a "Checking your claim status" section with instructions. Below this is a "Patient and mailing information" section with fields for "Patient representative", "Patient name", and "Mailing address for reimbursement".

## Subscribers: Submitting a Direct Member Reimbursement (DMR)- Optum Rx Website

### Step 1:

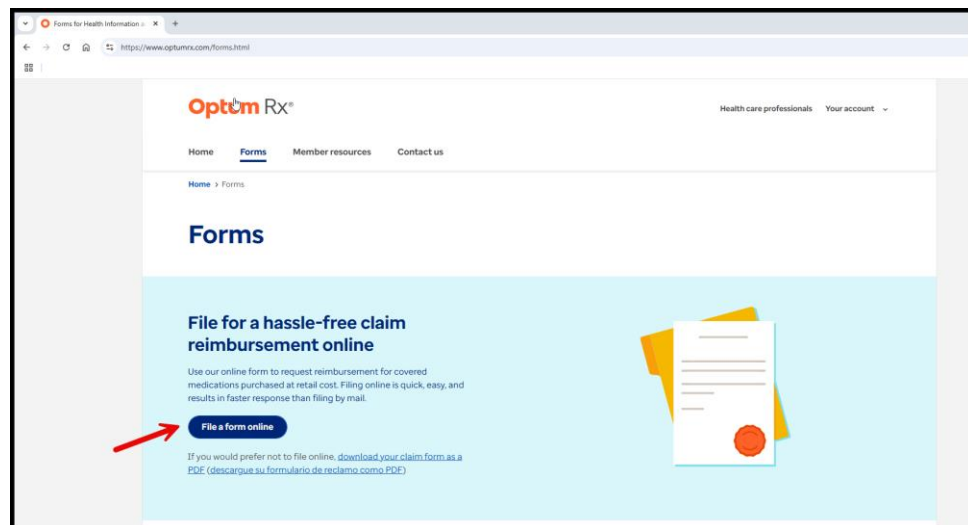
Visit Optum Rx website <https://www.optumrx.com/>  
**Please note:** Use Google Chrome for best experience.



### Step 2:

Navigate to Forms Section <https://www.optumrx.com/forms.html>

- Click on the "Forms" link below the Optum Rx logo.
- Click on the button "File a form online."



### Step 3:

Who Are You Filing This Claim For?

- Scroll to the bottom of the webpage to the section "Who are you filing this claim for?"
  - **Myself:** Sign in using your Health Safe ID to continue.

- **On behalf of a patient as a legal representative:** Have your proof of representation or guardianship on hand. Click "Start form."
- **On behalf of a patient as a benefit sponsor:** Click "Start form."

Step 4:

- **Patient Information:**
  - Filing for yourself, household members, or care recipients: Complete the patient information.
  - Filing on behalf of a patient: Complete the patient information and have at least one of the following documents ready to upload:
    - Power of Attorney (POA) form
    - Guardianship papers
    - Court order
    - Executor of estate documentation forms
    - Health care proxy document(s)
    - Personal Representative form
    - Standard ROI/Authorization form

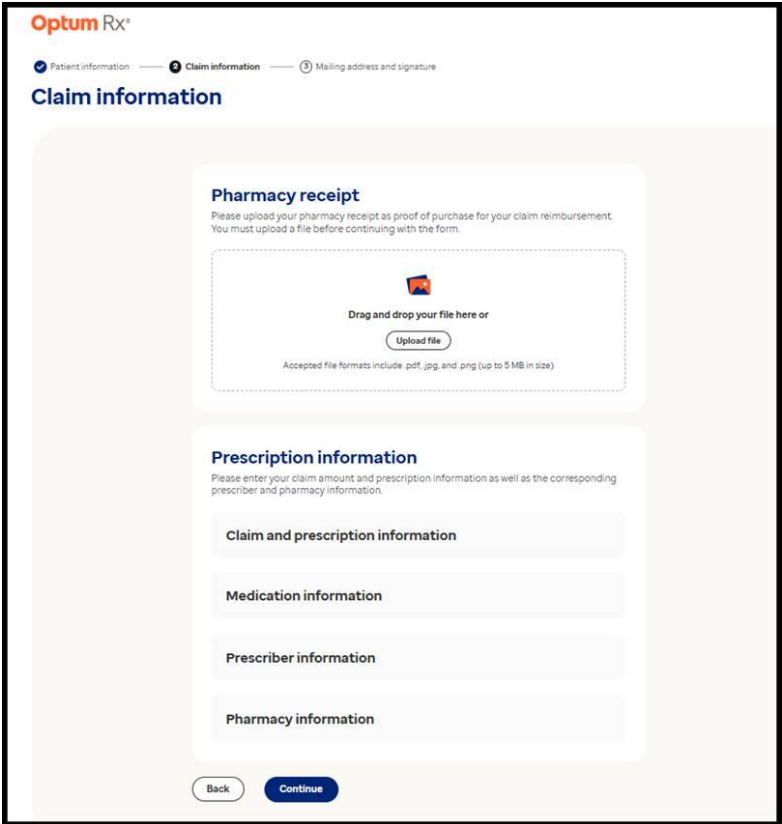
- Medicare Patient Representative form (CMS-1696)
- Formulario de designación de representante personal - PDF en español
- Formulario de autorización PDF en español

Step 5:

Upload and Enter Claim Information

- **Pharmacy Receipt:** Upload your pharmacy receipt as proof of purchase for your prescription. Ensure the image is clear and unobstructed.  
**Please Note:** OCR technology will extract details from the receipt and populate the “prescription detail.” If the receipt is illegible you would need to proceed with entering the prescription details manually.




	<ul style="list-style-type: none"><li>• <b>Prescription Details:</b> Have your prescription details available, including dose, Rx number, NDC (national drug code), and prescription fill date.</li><li>• <b>Prescriber and Pharmacy Information:</b> Confirm the prescriber for your prescription(s) and enter their name and location, as well as the name and location of the pharmacy.</li></ul> <div></div>
Step 6:	<p>Provide Mailing Address and Signature</p> <ul style="list-style-type: none"><li>• <b>Filing for Yourself, Household Members, or Care Recipients:</b> Provide your preferred mailing address and contact information.</li><li>• <b>Filing on Behalf of a Patient:</b> Enter your patient’s mailing address. If the claims reimbursement request is accepted, a check will be sent by mail.</li></ul>

#### Step 7:

#### On Behalf of a Patient as a Benefit Sponsor

- Follow these steps:
  1. Navigate to the form:
    - Scroll to the bottom of the page.
    - Select "On behalf of a patient as a benefit sponsor."
    - Click on "Start form."
  2. Populate the form:
    - Enter "Patient information" and "Why are you requesting reimbursement for this patient?"
    - Click "Continue."
  3. Upload pharmacy receipt:
    - OCR technology will extract details from the receipt and populate the "Prescription details."
    - **Please Note:** If the receipt is illegible you will proceed with entering the prescription details manually.
    - Click "Continue."
  4. Enter mailing address and contact information:
    - Provide the mailing address and patient representative contact information.
    - Review and sign.
    - Submit the form.
    - Confirmation screen will display.

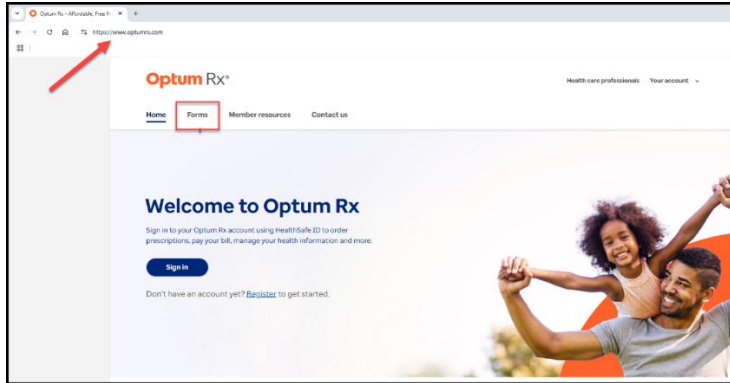
	<div data-bbox="617 210 1091 814"> <h3>Patient representative contact information</h3> <p>Please confirm or enter your email address and phone number below</p> <div data-bbox="617 283 1091 493"> <h4>Email and phone number</h4> <p>Fields marked with a red asterisk * are required.</p> <p>Email address*</p> <input type="text"/> <p>Phone number*</p> <input type="text"/> </div> <div data-bbox="617 514 1091 814"> <h4>Review and sign</h4> <p>I acknowledge my request for reimbursement will be paid directly to me and any assignment of benefits to a pharmacy or any other party related to this claim is void. Parties agree entering my name electronically below shall have the same force and effect as an original signature.</p> <p><a href="#">View terms and conditions &gt;</a></p> <p>Please enter your full name</p> <input type="text"/> <p> <input type="button" value="Back"/> <input type="button" value="Submit"/> </p> </div> </div>
<p>Step 8:</p>	<p>Once submitted you will receive a confirmation number.</p> <div data-bbox="435 934 891 1438"> <div data-bbox="462 955 863 1234">  <p><b>Confirmation number:</b> <b>174123805188</b></p> <p><b>Checking your claim status</b></p> <p>To check your claim status, please <a href="#">give us a call</a>. Remember to have your confirmation number ready. Please allow up to 4-6 weeks for your claim to be fully processed. You can also print or download this page using the link in the top right. The reimbursement check will be mailed to the policy holder. Reimbursement will be issued to the policy holder, not the dependents, even if an adult dependent requests the reimbursement. This applies unless there is a legal custody agreement or other specific financial arrangements in place that dictate otherwise.</p> <p>If your claim is rejected, we will promptly send a detailed letter explaining the reasoning behind the rejection. You can also contact us and ask about your claim using your confirmation number. If you need further assistance, please feel free to <a href="#">contact us</a>.</p> </div> <div data-bbox="462 1255 863 1417"> <p><b>Patient and mailing information</b></p> <p>Patient representative</p> <input type="text"/> <p>Patient name</p> <input type="text"/> <p>Mailing address for reimbursement</p> <input type="text"/> </div> </div>

## Dependents: Submitting a Direct Member Reimbursement (DMR)- Optum Rx Website Method

Step 1:

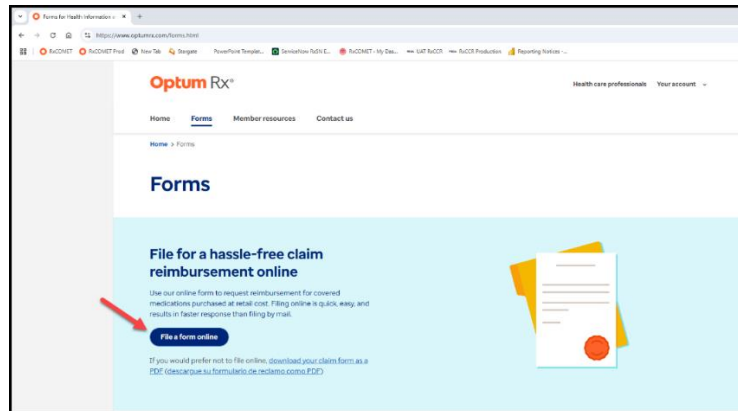
Visit Optum Rx website <https://www.optumrx.com/>  
Please note: Use Google Chrome for best experience.

Navigate to the form section <https://www.optumrx.com/forms.html>



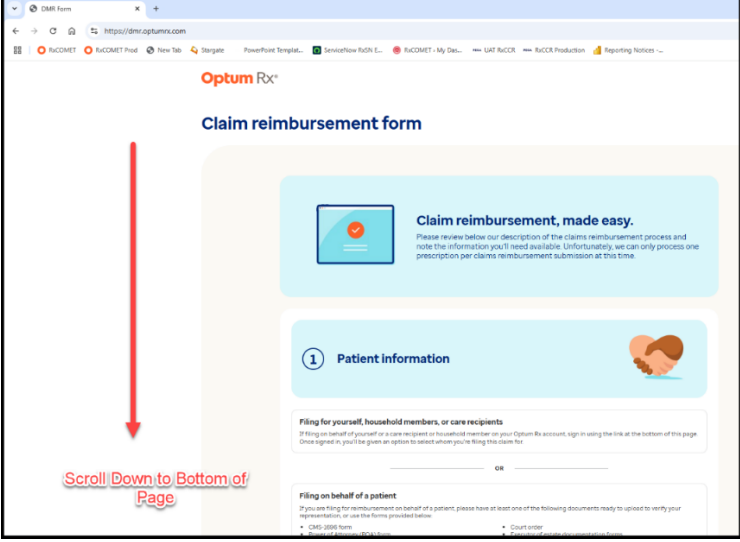
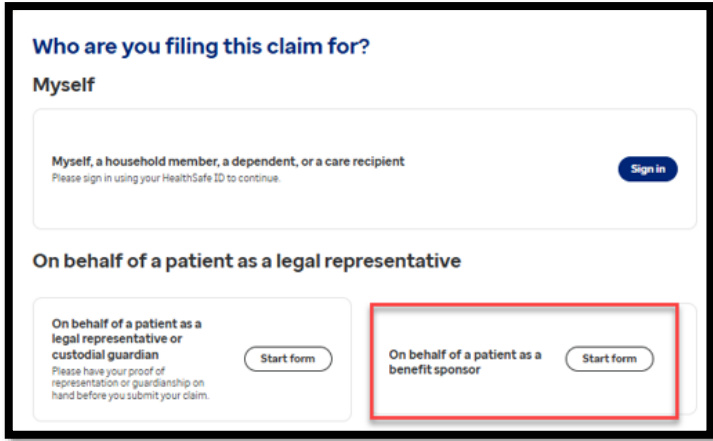
Step 2:

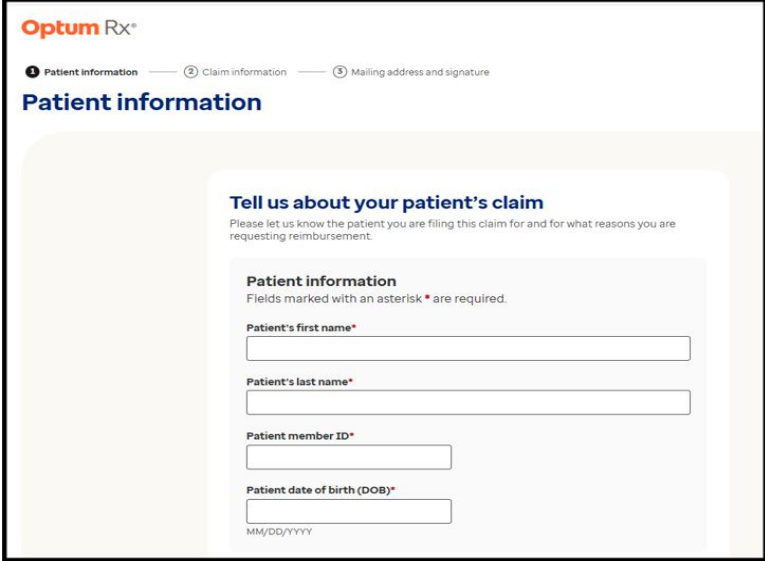
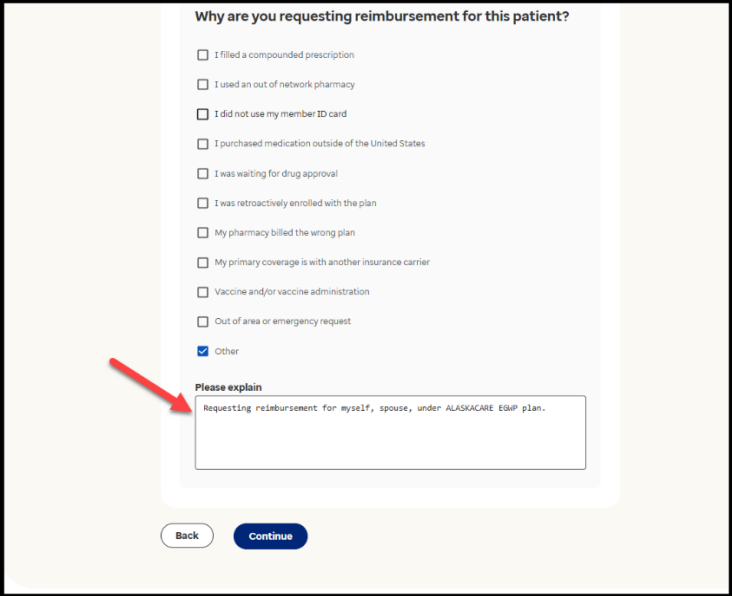
Click on the option “File a form online.”



Step 3:

Scroll to the bottom of the page.

	 <p>Optum Rx<sup>®</sup></p> <h3>Claim reimbursement form</h3> <p><b>Claim reimbursement, made easy.</b> Please review below our description of the claims reimbursement process and note the information you'll need available. Unfortunately, we can only process one prescription per claims reimbursement submission at this time.</p> <p><b>1 Patient information</b></p> <p><b>Filing for yourself, household members, or care recipients</b> If filing on behalf of yourself or a care recipient or household member on your Optum Rx account, sign in using the link at the bottom of this page. Once signed in, you'll be given an option to select whom you're filing this claim for.</p> <p>OR</p> <p><b>Filing on behalf of a patient</b> If you are filing for reimbursement on behalf of a patient, please have at least one of the following documents ready to upload to verify your representation or use the form provided below.</p> <p>→ DMV Driver's License → Court order → Other documents that prove representation or guardianship</p>
<p>Step 4:</p>	<p>Click on “On behalf of a patient as a benefit sponsor” and then “Start Form.”</p>  <p><b>Who are you filing this claim for?</b></p> <p><b>Myself</b></p> <p>Myself, a household member, a dependent, or a care recipient Please sign in using your HealthSafe ID to continue.</p> <p><b>On behalf of a patient as a legal representative</b></p> <p>On behalf of a patient as a legal representative or custodial guardian Please have your proof of representation or guardianship on hand before you submit your claim.</p> <p>Start form</p> <p>On behalf of a patient as a benefit sponsor</p> <p>Start form</p>
<p>Step 5:</p>	<p>Enter the patient’s details, please fill out details for the member/dependent who the claims are for.</p> <ul style="list-style-type: none"> <li>• Patient First Name</li> <li>• Patient Last Name</li> <li>• Patient Member ID</li> <li>• Patient Date of Birth (DOB)</li> </ul>

	
<p>Step 6:</p>	<p>Have member choose “Other” and provide brief explanation (dependent example explanation shown below)</p> 
<p>Step 7:</p>	<p>Upload and Enter Claim information.</p> <ul style="list-style-type: none"> <li>Pharmacy Receipt: Upload your pharmacy receipt as proof of purchase for your prescription. Ensure the image is clear and unobstructed. <b>Please Note:</b> OCR technology will extract details from the receipt and populate the “prescription details.” If the receipt is illegible you would need to proceed with entering the prescription details manually.</li> <li>Prescription Details: Have your prescription details available, including dose, Rx number, NDC (national drug code), and prescription fill date.</li> </ul>

- Prescriber and Pharmacy information: Confirm the prescriber for your prescription(s) and enter their name and location, as well as the name and location of the pharmacy.

The screenshot shows the 'Optum Rx' logo at the top left. Below it is a progress bar with three steps: 'Patient information' (checked), 'Claim information' (active), and 'Mailing address and signature' (next). The main heading is 'Claim information'. Below this is a section titled 'Pharmacy receipt' with the instruction: 'Please upload your pharmacy receipt as proof of purchase for your claim reimbursement. You must upload a file before continuing with the form.' There is a dashed box for file upload with a camera icon and the text 'Drag and drop your file here or' followed by an 'Upload file' button. Below this, it says 'Accepted file formats include .pdf, .jpg, and .png (up to 5 MB in size)'. The next section is 'Prescription information' with the instruction: 'Please enter your claim amount and prescription information as well as the corresponding prescriber and pharmacy information.' Below this are four stacked input fields labeled 'Claim and prescription information', 'Medication information', 'Prescriber information', and 'Pharmacy information'. At the bottom are 'Back' and 'Continue' buttons.

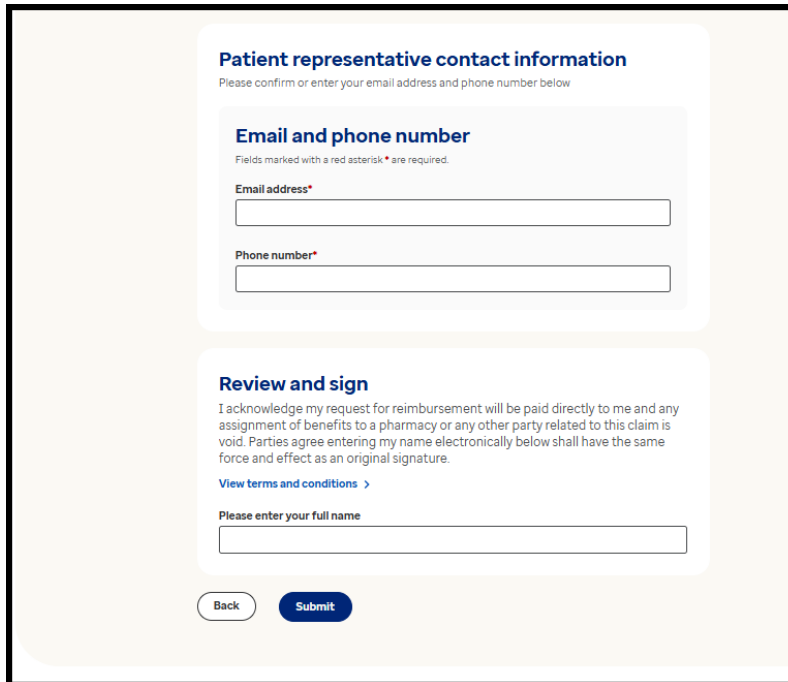
Step 8:

Provide preferred mailing address.

The screenshot shows the 'Optum Rx' logo at the top left. Below it is a progress bar with three steps: 'Patient information' (checked), 'Claim information' (checked), and 'Mailing address and signature' (active). The main heading is 'Mailing address and signature'. Below this is a section titled 'Enter a mailing address' with the instruction: 'Please choose the mailing address you'd like your claim reimbursement sent to, should it be accepted. If filing on behalf of a patient as a legal representative or custodial guardian, please enter the patient's address.' Below this is a section titled 'Add a new address' with the note: 'Fields marked with a red asterisk \* are required.' There are four input fields: 'Street address\*' (a long text box), '+ Apt, Ste, or unit number' (a small button), 'ZIP code\*' (a text box), and 'City\*' (a text box). To the right of the 'City\*' field is a 'State\*' dropdown menu. At the bottom are 'Back' and 'Continue' buttons.

Step 9:

Enter the patient representative contact information. If you do not have a patient representative filing on your behalf, you would enter your email and phone number as required. Once completed click “submit”.



**Patient representative contact information**  
Please confirm or enter your email address and phone number below

**Email and phone number**  
Fields marked with a red asterisk \* are required.

Email address\*

Phone number\*

**Review and sign**  
I acknowledge my request for reimbursement will be paid directly to me and any assignment of benefits to a pharmacy or any other party related to this claim is void. Parties agree entering my name electronically below shall have the same force and effect as an original signature.

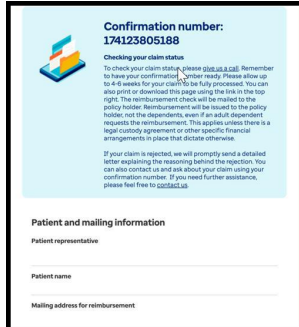
[View terms and conditions >](#)

Please enter your full name

[Back](#) [Submit](#)

Step 10:

Once submitted you will receive a confirmation number.



**Confirmation number:**  
**174123805188**

**Checking your claim status**  
To check your claim status, please call 1-855-409-6999. Remember to have your confirmation number ready. Please allow up to 4-6 weeks for your claim to be fully processed. You can also print or download this page using the link in the top right. The reimbursement check will be mailed to the policy holder. Reimbursement will be issued to the policy holder, not the dependent, even if an adult dependent requests the reimbursement. This applies unless there is a legal custody agreement or other specific financial arrangements in place that dictate otherwise.

**Patient and mailing information**  
Patient representative  
  
Patient name  
  
Mailing address for reimbursement

[Click here to move to the top of the guide](#)

Thank you for following this guide, if you have any questions, please contact our Optum AlaskaCare Customer Service at 1-855-409-6999.