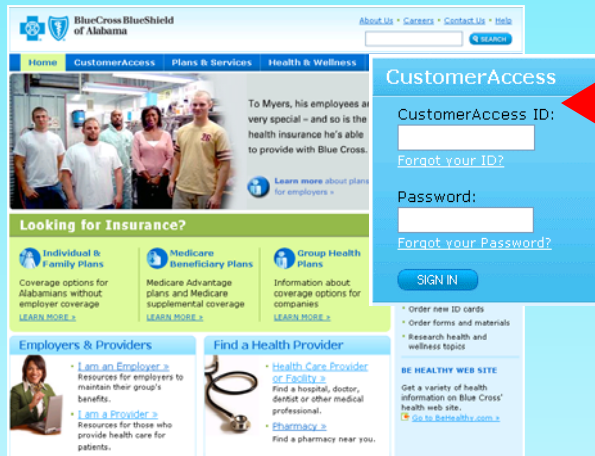


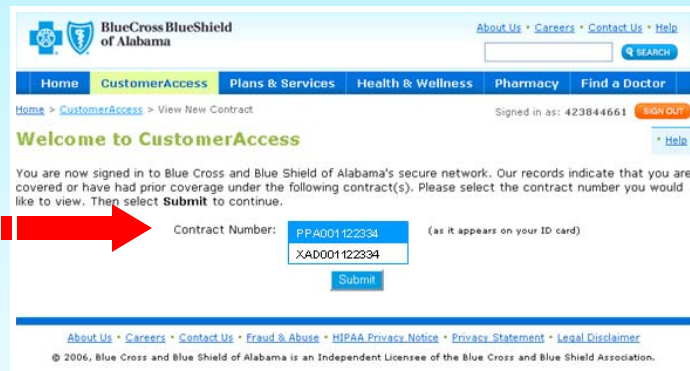
# Filing Prescription Drug Claims Online

To file your prescription drug claims online you can use the Blue Cross and Blue Shield of Alabama web site, [www.bcbsal.com](http://www.bcbsal.com):




1. Sign-in to  
**“CustomerAccess”**

2. Select your health  
contract number



3. Select “File a Drug  
Claim” under  
**“Pharmacy Services”**

### Pharmacy Services



[File a Drug Claim](#): Submit prescription drug expenses online.  
[Prescription Drug Guide](#): Search for drug coverage information.  
[Mail Order Pharmacy Services](#): Order prescription drugs delivered to you by mail.  
[MORE PHARMACY SERVICES »](#)

## 4. Key in your prescription information:

- Claim Authorization Number
- Prescription Number
- Date Filled
- Amount Charged
- Click “Submit”



BlueCross BlueShield of Alabama

Home CustomerAccess Plans & Services Health & Wellness Pharmacy Find a Doctor

Home > CustomerAccess > File a Drug Claim

Signed in as: [SIGN OUT](#)

### Claim Entry

Contract Number:

Enter your prescription drug information below. All fields are required. Use this application for filing claims for primary benefits only. If you have other coverage that is primary to this contract, you must [file a paper claim](#) with the Explanation of Benefits from the other carrier. If you have not previously informed us of your other coverage, please [complete the Other Insurance Information](#) so that we may update our records.

Claim Authorization Number	Prescription Number (Rx#)	Date Filled (mm/dd/yyyy)	Amount Charged
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 0.00 <a href="#">Download</a>

Select Patient

[Add Another Prescription](#) or [Submit Claim](#)

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BlueCross BlueShield of Alabama

Home CustomerAccess Plans & Services Health & Wellness Pharmacy Find a Doctor

Home > CustomerAccess > File a Drug Claim

Signed in as: [SIGN OUT](#)

### Claim Submission Confirmation

Contract Number: PPA001122334

The following prescription drug claim was submitted on 07/05/2006 to Blue Cross for processing:

Member Name	Claim Authorization	Prescription (Rx)	Date Filled	Amount
1. Jane Doe	060085855004001999	0606927	01/08/2006	\$5.33

Please Note:

- You should allow two weeks for your claim to process.
- Filled prescriptions may not appear on the same Claims Report.

[Print this page for your records](#) [Enter Another Drug Claim](#)

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## 5. A Confirmation Report can be printed for your records

If you have any questions, please call the customer service number located on the back of your Blue Cross and Blue Shield of Alabama ID card.



BlueCross BlueShield  
of Alabama

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