



Filing A Claim

Specific information must be provided to Navitus when submitting a paper claim. Submitting one of these claim forms with the prescription receipts will ensure that we receive all the information necessary to process the claim without delay.

Instructions for Filing a Manual Claim

1. The following claim forms are located on the Navitus.com site:
 - [Direct Member Reimbursement Claim Form](#) (PDF)
 - [Compound Claim Form](#) (PDF)
 - [Foreign Claim Form](#) (PDF)
2. Complete all information in the form. Incomplete forms will be returned without payment and with a request for additional information.
3. Sign and date the Certification Statement in the area provided.
4. Submit a separate form for each family member.
5. If the member has other insurance coverage, attach a copy of the Explanations of Benefits or Denial Notification from the primary insurance carrier.
6. Keep a copy for your records.
7. Mail the claim form along with the original pharmacy receipt, not the cash register receipt, to:

Navitus Health Solutions
Operations Division – Claims
P.O. Box 999
Appleton, WI 54912-0999

OR

Fax ALL Information to 920.735.5315 (or toll- free at 855.668.8550).

For additional questions, please contact Navitus Customer Care toll-free at the number listed on your pharmacy benefit ID card.