TRI-CARE SELF SUBMIT:

1. FILL OUT THE FOLLOWING FORM WITH GENERIC INFORMATION, THEN MAKE COPIES TO USE THROUGH OUT THE YEAR TO SAVE YOU TIME.
2. SEND RECIEPTS OR ASK PHARMACY FOR A PROFILE PRINT OUT OF YOUR SCRIPTS FOR THE DATES OF SERVICE YOU WISH TO SUBMIT.

Mail form to:

Express Scripts

P.O. Box 52132

Phoenix, AZ 85072

THANK YOU FOR CHOOSING PHARM406!