# PeopleSafe - Statement Invoice Copy Request for Previous Orders

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**Description:** Instructions for when the member requests a duplicate copy of the invoice received with their order*.*

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| Process |

* This does not apply to situations where the member is requesting a copy of payments received.
* Verify if the Invoice requested is within 30 days of ship date.Invoice copies will be mailed to the member; emailing to the member is not an option due to privacy concerns.

Refer to [Resolution Manager (RM) Task Types (029980)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=3438a8ea-9ad1-4c4b-b710-57dab144493c)**.**

**Note:** Verify that a task for the same issue has not been created previously by checking on the View Activity screen. If a task was previously submitted, click on the hyperlink of the previous task and then the detail and status displays. Ensure the task is submitted under the line of eligibility for the applicable member (select the correct family member).

**Example:**  Phoenix, an invoice copy cannot be provided. Offer a [Financial Statement of Cost (SOC) (043264).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7049837e-d636-430e-b990-ae0706bd09e9)

If the member is requesting an invoice copy for a specialty medication, refer to plan’s specialty pharmacy.

**Example:** CTS Caremark Specialty **1-800-237-2767**.

* If the member is requesting an invoice copy for a **FSA card** transaction, then refer to [Balance Transaction History/Payment Dispute (Mail Order Claims Only) (004578)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ba2c70ed-7f0c-4779-98b6-9bc1eb9bbb1f).
* Must be mailed to the member’s default address on file.
* All requests that are to be mailed to a different address, other than the default address, or to an authorized party must be submitted in writing by the member themselves or their designated Power of Attorney.
* Written requests for SOC must be mailed to:

<PBM Name>

Customer Care

PO Box 6590

Lee’s Summit, MO 64064-6590

The letter should include:

* Member’s name
* Member’s address
* Member ID
* Date range requested
* Member’s signature

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Verify member’s address. If member’s address is incorrect, refer to [PeopleSafe - Address, Email, and Phone Number Changes (00466)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a09925d4-9dbb-407b-b579-c17eec6e62ee) | |
| **2** | Verify that it is within 30 days of the ship date by viewing ship date on the Main Screen. | |
| **If order has shipped...** | **Then…** |
| Within 30 days | Invoice can be reprinted. Proceed to the next step.  **Note:** Take note of which dispensing pharmacy, as you will need this for the RM task. |
| More than 30 days ago | Invoice cannot be reprinted. Offer to submit a [Financial Statement of Cost (SOC) (043264)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7049837e-d636-430e-b990-ae0706bd09e9)  **Note:** Statement of costs are available on the Member Web Portal. |
| **3** | Create RM Task from the Order Screen  **Note:** All fields marked with an asterisk must be completed.  **Task Category:** Billing/Payment **Task Type:** Invoice Copy **Queue:** Select the queue for the dispensing pharmacy (Chicago, Hawaii, San Antonio, or Wilkes Barre)  **Language Preference:** Type the name of the written language the member would prefer to be printed on the invoice copies.  **Notes Box:** Indicate a copy of the invoice is needed and why.  **Notes:**   * Invoice copies can only be printed by the dispensing pharmacy. If the order was reversed and reprocessed at a different location the new processing pharmacy will need to print the invoice   For assistance in creating an RM task please refer to [Resolution Manager (RM) Task Types and Uses (029980)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3438a8ea-9ad1-4c4b-b710-57dab144493c) | |

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| Resolution Time |

The invoice will be mailed within 2 business days.

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| Alternatives |

If the ship date is not within 30 days from today’s date the member may be offered a [Financial Statement of Cost (SOC) (043264)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7049837e-d636-430e-b990-ae0706bd09e9)

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| Related Documents |

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Log Activity/Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)

**Parent Documents:** [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049), [CALL 0011 Authenticating Callers](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0011)

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