# Compass - 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.

**Note:** Verify that a Support Task for the same issue has not been created previously by checking on the **Member’s Recent Support Task** panel in the **Case Details Landing Page**. If a task was previously submitted, click on the Support Task number hyperlink of the previous task and then the detail and status displays. Ensure the task was submitted under the line of eligibility for the applicable member (select the correct family member in the **Member Details** panel).

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 [Compass - Mail Order Payment History / Payment Dispute Support Task (Mail Order Claims Only) (058044)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=54a5f0cf-a7cb-4533-9a46-49a39106d764).
* 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** | Navigate to the **Member Snapshot Landing Page** and verify member’s address in the **Contact Information** panel. If member’s address is incorrect, refer to [Compass - Add / Edit / Delete Mailing Address (053255)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9cfb4422-7129-4bca-b1ea-f1d6fa964906). | |
| **2** | Navigate to the **Claims Landing Page** and click on the **Mail Order History** tab to locate the order. Verify that it is within 30 days of the ship date by viewing **Order Status** is **Shipped, Delivered,** or **Pending Carrier Pick Up** and the **Status Date** reflects the day it was shipped. | |
| **If order has shipped...** | **Then…** |
| Within 30 days | Proceed to next step. |
| More than 30 days ago | Offer to submit a [Financial Statement of Cost (SOC) (056893)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7bd8dfef-b12e-401e-9c4e-1e67e9a6a662).  **Note:** Statements of costs are available on the Member Web Portal. |
| **3** | Click on the **Order Number** hyperlink to access the order in question.  **Result:** The **Order Details** screen displays. | |
| **4** | From the **Order Details** screen, click the **Order Actions** dropdown button and click **Invoice Copy**.    **Result:** Support Task screen displays. | |
| **5** | Complete the [Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6). Information from the Order will pre-populate in the Support Task.   * All fields marked with an asterisk must be completed. * **Language Preference:** Type the name of the written language the member would prefer to be printed on the invoice copies. * **Notes :** Indicate a copy of the invoice is needed and why.   **Note:**  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. | |

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| Resolution Time |

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) (056893)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7bd8dfef-b12e-401e-9c4e-1e67e9a6a662).](file:///C:\Users\C208601\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\K1QS20MC\TSRC-PROD-043264)

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| Related Documents |

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

[Compass – Call Documentation (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b)

**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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