



Blue Cross and Blue Shield of Nebraska provides benefits for FDA-approved prescription medications. No benefits are available for pharmaceutical products obtained from sources outside the United States except as permitted by applicable state and federal law. An exception to this policy will be considered if one of the following circumstances applies:

1. You currently reside in a foreign country
2. The claim occurred due to a medical emergency while traveling in a foreign country

It is your responsibility to provide evidence that one of the above circumstances applies. Please fill in the information below as it pertains to your prescription(s) and attach receipts showing the name of the drug, cost and date of service.

Patient Name: \_\_\_\_\_

Patient BCBSNE ID#: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Name of Drug 1: \_\_\_\_\_ Cost: \_\_\_\_\_ Currency: \_\_\_\_\_

U.S. Drug Equivalent: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Name of Drug 2: \_\_\_\_\_ Cost: \_\_\_\_\_ Currency: \_\_\_\_\_

U.S. Drug Equivalent: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Name of Drug 3: \_\_\_\_\_ Cost: \_\_\_\_\_ Currency: \_\_\_\_\_

U.S. Drug Equivalent: \_\_\_\_\_ Date of Service: \_\_\_\_\_

**Please check the situation below that applies to you:**

I was living in a foreign country at the time of service.

Country: \_\_\_\_\_

Date residence began: \_\_\_\_\_

I was visiting a foreign country at the time of service, and needed this prescription for an emergency medical situation.

Date of travel: \_\_\_\_\_ Country: \_\_\_\_\_

Purpose of travel (circle one):    Business    Personal Vacation

Description of illness requiring treatment: \_\_\_\_\_

---



---



---



---

Return this form with receipts to:

Attention: Drug Card  
Blue Cross and Blue Shield of Nebraska  
P.O. Box 3248  
Omaha, NE 68180-0001