



Prescription Drug Claim Form



An Independent Licensee of the Blue Cross and Blue Shield Association.

Please see the reverse side of this form for claim filing instructions.

COMPLETE THIS SECTION (PLEASE PRINT)

Named Cardholder (Last Name, First Name, Middle Initial)			Please Do Not Write In This Space
Identification Number	Group Number	Plan Code 760	
Relationship of Patient to Named Cardholder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Patient's Date of Birth Month Day Year		
Do you have other insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient's First Name	Patient's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address of Named Cardholder (Street Number, City, State, Zip Code)			I certify that the patient for whom this claim is made is a covered person in the Rx Nebraska program and that the prescription is for the sole use of the named patient. (Signature of Named Cardholder or Member of Family): X _____ Date _____

ATTACH ONE RECEIPT FROM THE PHARMACY

You do not need to file an Rx Nebraska prescription drug claim if you present your Rx Nebraska ID. card at a participating Nebraska Pharmacy Network (NPN) pharmacy to have your prescription filled. Please complete and send in a claim form under the following circumstances:

1. You do not have your Rx Nebraska ID. card with you at the time your prescription is filled.
2. You have your prescription filled at a nonparticipating pharmacy.

To complete your Rx Nebraska claim form, simply follow these steps:

1. Complete the upper portion of the Prescription Drug Claim Form. Include your identification number from your ID. card. Please sign the claim form where indicated under "Signature of Named Cardholder or Member of Family."
2. Use a separate claim form for each patient.
3. Please attach your original itemized pharmacy receipt to the claim form in the space provided. If you have more than one receipt, please use a separate claim form for each.
4. Make a copy of your pharmacy receipt and keep it for your personal/tax/medical records.
5. Mail your completed Rx Nebraska Prescription Drug Claim Form as soon as you have your prescription(s) filled for our prompt attention.

Mail your completed claim form to:

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

If you have any questions, please contact our Customer Service Center. In Omaha, call 390-1820 or toll-free 1-800-642-8980.