

**ONE CLAIM FORM PER PATIENT**

Instructions: Print or type clearly and accurately. If you are completing this form in Acrobat, simply "tab" from field to field.

**Subscriber Information**

BCBSNE ID Number:	Subscriber's Daytime Phone Number:	
Subscriber's Last Name:	Subscriber's First Name:	Subscriber's Middle Initial:
Subscriber's Street Address:	City, State, Zip:	

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

**Patient Information**

Patient's Last Name:	Patient's First Name:	Patient's Middle Initial:
Patient's Street Address:	City, State, Zip:	

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Patient's Relationship to Subscriber:  Self  Spouse  Child  Other

Was a BCBSNE ID card issued to you at the time of fill?  Yes  No

I certify that the patient for who this claim is made is a covered person in the Rx Nebraska Prescription Drug Program and that the prescription is for the sole use of the named patient.

\_\_\_\_\_  
SIGNATURE OF NAMED CARDHOLDER OR MEMBER OF FAMILY

\_\_\_\_\_  
DATE

If you use a participating pharmacy, your prescription drug claims are filed automatically. However, you will need to complete and submit your claim form if:

- ▶ Your pharmacy does not have your insurance information on file.
- ▶ You do not have your Rx Nebraska ID card with you when you fill your prescription.
- ▶ You have your prescription filled at a non-participating pharmacy.

TO AVOID ANY DELAY IN THE PROCESSING OF YOUR CLAIM, simply follow these steps:

1. Complete the subscriber and patient information; questions 1-9 listed above.
2. Remember to SIGN the claim form where indicated.
3. Use a separate claim form for each patient.
4. Submit the ORIGINAL itemized pharmacy receipt with the claim form. The itemized pharmacy receipt must include: place of purchase, date of purchase, patient's name, Rx number, name of medication, cost of medication, quantity, day supply and NDC number.

*If filing a claim for a compounded medication, please include a Universal Compound Claim Form which includes the RX #, purchase date, patient name, total billed charge, the name of each ingredient with the corresponding NDC#, the retail cost of each ingredient and the quantity of each ingredient. The Universal Compound Claim Form can be obtained from the compounding pharmacy.*

5. Keep a copy of your pharmacy receipt for your personal/tax/medical records.
6. Mail your Rx Nebraska Prescription Drug Claim Form AS SOON AS POSSIBLE to:

Blue Cross and Blue Shield of Nebraska  
PO Box 3248  
Omaha, NE 68180-0001