



The Benefits of Better Health

PRESCRIPTION DRUG STATEMENT

In order to expedite the processing of your foreign prescription drugs, please complete this prescription drug statement, attach a copy of your drug receipt(s) and submit to: GEHA Foreign Claims Department, P.O. Box 4665, Independence, Missouri 64051-4665. (Note: In some instances, your doctor's prescription may be requested.)

Name of Patient: _____

GEHA Member Number: _____

Table with 6 columns: Date of Purchase, Name and Strength of Drug, Quantity, Number of Days, Cost, Nature of Illness or Injury. The table contains 13 empty rows for data entry.

Government Employees Health Association, Inc.
Foreign Claims Department
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www.geha.com