



### Prescription Drug Statement

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 21542  
Eagan, MN 55121

*(Note: In some instances, your doctor's prescription may be requested.)*

Patient name: \_\_\_\_\_

GEHA member number: \_\_\_\_\_

Date of purchase	Name and strength of drug	Quantity	Number of days	Cost	Nature of illness or injury

GEHA Foreign Claims Department  
P.O. Box 21542 • Eagan, MN 55121  
Telephone 800.821.6136 • Email [overseas@geha.com](mailto:overseas@geha.com) • [geha.com](http://geha.com)