GEHA
The Benefits of Better Health

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