BlueCross BlueShield Nebraska

Medicare Advantage
Medical Claim Reimbursement Request

Complete (online or by hand), print, sign and mail this form with original receipts to:

Mail: P.O. Box 3248, Omaha, NE 68180

Online: Register or log into your account at myNebraskaBlue.com

Member ID

The member ID can be found on your Blue Cross and Blue Shield of Nebraska ID card

List your member ID number:
(include all letters and numbers)

Member Information

Last Name		First Name	
Street Address			
City		State	ZIP
Date of Birth	Sex ☐ M ☐ F	Date of injury/illness	Was this related to an auto accident? ☐ Yes ☐ No
Was this work related? ☐ Yes ☐ No		Other health insurance? ☐ Yes ☐ No	
Name of other health insurance		Other health insurance policy number	
Provider Name:	Provider Tax ID Number:	Provider NPI Number:	
Provider Address:			

To speed up processing of your request, please remember to:

- Complete one form for each date of service.
- Mail or upload original clear itemized bill(s) on your provider's letterhead that include the following:
  - Date of service
  - Charge
  - Procedure description and/or code
  - Diagnosis description and/or code

  Your doctor's office should provide this to you upon request. Without this information, we can't process your claim, and we'll have to return it to you. Flu shots don't require a procedure or diagnosis code. Cash register receipts, cancelled checks, money orders, and personal itemizations aren't accepted as original receipts.
- Keep copies of your original receipts for your files. We can't return originals to you.

I certify the above information is true, the enclosed material is correct and unaltered, and the expenses were incurred by the member listed above. False receipts or altering of this information will result in civil or criminal prosecution. I authorize the release of any information as described below.

Member's signature	Date	Phone

Your right to confidentiality: We will not release any information about you unless you ask us to in writing or when release is necessary to process or review a claim (to another insurance company, for example). We will tell you which information we release and to whom, if you request it.