



SUBSCRIBER INFORMATION:

1. BCBS ID NUMBER: Enter the identification number and any alpha prefix as shown on your Blue Cross and Blue Shield ID Card. (If you are age 65 or older, this number may not be the same as your Medicare number).
2. SUBSCRIBER'S DAYTIME PHONE NUMBER: The area code and phone number of the subscriber. This can be a landline or cell number.
3. SUBSCRIBER'S NAME: Enter the subscriber's name as shown on subscriber's ID card.
4. SUBSCRIBER'S ADDRESS: Enter the home address of the subscriber.
5. SUBSCRIBER'S DATE OF BIRTH: Enter the date of birth of the subscriber providing the month as two digits (MM), day as two digits (DD) and year as four digits (YYYY).
6. SUBSCRIBER'S SEX: Check the appropriate box for the sex of the subscriber.

PATIENT INFORMATION:

7. PATIENT'S NAME: Enter the patient's FULL LEGAL NAME (not a nickname); please include "Sr." or "Jr." if applicable.
8. PATIENT'S ADDRESS: Enter the home address of the patient.
9. PATIENT'S DATE OF BIRTH: Enter the date of birth of the patient providing the month as two digits (MM), day as two digits (DD) and year as four digits (YYYY).
10. PATIENT'S SEX: Check the appropriate box for the sex of the patient.
11. PATIENT'S RELATIONSHIP TO SUBSCRIBER: Check the appropriate box to indicate the relationship of the patient to the subscriber.

TRANSPORTATION AND LODGING INFORMATION:

12. PURPOSE OF YOUR TRAVEL? Provide essential covered medical condition for this travel.
13. DATE OF COVERED SERVICE? Provide actual date of medical procedure.
14. DID YOU TRAVEL WITH A COMPANION(S)? Check the appropriate box to indicate if companion has traveled with you.
15. TRAVEL AND LODGING DETAILS
  - DATES OF TRAVEL? Provide beginning and end dates of travel.
  - TOTAL MILES DRIVEN? Provide total miles driven from the first date of travel to the last date of travel.
  - COST OF COVERED TRANSPORTATION? Provide total cost of transportation, does not include fuel (e.g., car rental, air flight, bus or any other form of transportation).
  - COST OF LODGING? Provide itemized statement of lodging accommodation charges.

**MAIL THE REQUIRED INFORMATION TO:**

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

# Non-discrimination and Translation Notice

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## Discrimination is Against the Law

Blue Cross and Blue Shield of Nebraska (BCBSNE) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSNE does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.  
BCBSNE:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at 800-991-5840, TTY 771 between 8 a.m. to 9 p.m., Central time, seven days a week from Oct. 1 through March 31; 8 a.m. to 9 p.m., Central time, Monday through Friday from April 1 through Sept. 30.

If you believe that Blue Cross and Blue Shield of Nebraska has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Manager, Corporate Compliance  
Blue Cross and Blue Shield of Nebraska  
P.O. Box 3248  
Omaha, NE 68180-001  
800-991-5840, TTY: 711  
[CivilRights@NebraskaBlue.com](mailto:CivilRights@NebraskaBlue.com)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Manager of Corporate Compliance is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at [hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf](http://hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf).

For quick processing, use the OCR online portal to file a complaint.

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**ATTENTION:** This notice may have important information about your application or coverage. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or get help with costs. If you or someone you're helping has questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-991-5840. This notice is translated as federally required.

### Arabic

تنبيه: قد يتضمن هذا الإشعار معلومات مهمة عن تطبيقك أو تأمينك. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد يلزمك اتخاذ إجراء قبل المواعيد النهائية المحددة للحفاظ على التأمين الصحي أو للحصول على مساعدة بشأن التكاليف. إذا كنت أنت أو أحد من تساعدكم لديكم أسئلة، فلك الحق في الحصول على مساعدة ومعلومات بلغتك وبدون تكلفة. للتحدث مع أحد المترجمين الفوريين، اتصل برقم 1-800-991-5840.

### Chinese Traditional

注意：本通知可能含有與您的申請或保險有關的重要資訊。在本通知中尋找重要的日期。您可能需要在某個截止日期前採取行動，以保持您的健康保險或獲得費用方面的幫助。如果您或者您正幫助的人有疑問，您有權利以您的語言免費獲得提供的幫助與資訊。致電口譯員，請撥打1-800-991-5840。

### German

Achtung: Diese Mitteilung kann wichtige Informationen über Ihren Antrag oder die Versicherungsdeckung beinhalten. Beachten Sie wichtige Fristen in dieser Mitteilung. Sie müssen unter Umständen Maßnahmen innerhalb bestimmter Fristen ergreifen, um Ihren Krankenversicherungsschutz zu erhalten oder eine Kostenerstattung zu erhalten. Wenn Sie oder jemand, dem Sie helfen, Fragen hat, können Sie kostenlos Hilfe und Informationen in Ihrer Sprache erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte 1-800-991-5840 an.



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