

**- INSTRUCTIONS -**  
**Please Follow These Instructions Carefully and Mail Completed Form To:**

Blue Cross and Blue Shield of Vermont  
P.O. Box 186  
Montpelier, VT 05601-0186

- Please list only one family member per claim form.
- Please include all pharmacy receipts. Keep copies for your records, as receipts will not be returned. Pharmacy receipts must include:
  - Name and address of the pharmacy
  - Patient's name
  - Date of purchase
  - Name of the drug
  - Charge for the drug
- Please transfer all information from the pharmacy receipts to the front of this form.
- A diagnosis (the specific reason why you are taking the medicine) must be included to process your claim.

**Questions or Problems?**

If you have any questions regarding the completion of this form, please contact the Customer Service Department toll-free at 1-800-247-2583. Montpelier area subscribers, please call (802) 223-3494. Out of state, please call 1-800-457-6648.

