



# Outside the U.S.



Administered by Seven Corners  
P.O. Box 3724  
Carmel, IN 46082-3724  
Toll Free (800) 461-0430  
Fax (317) 575-6467

## Reimbursement Form for Prescription Drugs

To receive reimbursement for prescription drugs purchased outside of the US:

- **The Prescription must be a covered drug as defined by the USDOS ASPE Health Benefit Program.**
- Complete the requested information below for each prescription drug you are requesting reimbursement.
- You may mail this form and your receipt(s) to Seven Corners, P.O. Box 3724, Carmel, IN 46082-3724, or fax to 317-575-6467.
- Be sure to provide your ID number, phone number, email address and mailing address.
- Provide your doctor's name and phone number and the name of the pharmacy and phone number for each prescription you are requesting reimbursement.
- Claim forms submitted without the required information will cause payment delays or may be returned to you.

Exchange Participant's Name	Exchange Participant's ID Number
Exchange Participant's Birthdate	Exchange Participant's Gender
Exchange Participant's Phone Number	Exchange Participant's Email
Complete address where reimbursement is to be mailed	
Doctor's Name and Phone Number	
Pharmacy Name and Phone Number	

Name of Prescription Drug	Quantity	Cost

I certify that the patient for whom this claim is made is eligible under the USDOS ASPE Health Benefit Program and that the prescription is for the sole use of the named patient.

\_\_\_\_\_  
Exchange Participant's Name (please print)

\_\_\_\_\_  
Exchange Participant's Signature

\_\_\_\_\_  
Date

**For help with completing this form, please call Seven Corners toll free at 1-800-461-0430 or call collect at 317-818-2867  
Email: [usdosinfo@sevencorners.com](mailto:usdosinfo@sevencorners.com)**