

## **Universal Claim Form for a Compounded Medication**<sup>©</sup>

Recognized by the International Academy of Compounding Pharmacists

PHARMACY INFORMATION					Pharmacist's Name	Pharmacist's Name			Date		
					Pharmacist's License #			NABI	NABP#		
					Pharmacist's Signature	Pharmacist's Signature			State ID#		
Name Telephone					Name			Talan	Telephone		
Name			relephone		Name	Name			Telephone		
Address					Address						
Cin.					City State Zip						
City		State	State Zip		City		State		Zip		
Birthdate	Birthdate Sex Social Se		Security/Subscriber I.D. No.		Birthdate Sex		Social Security/Subs		criber I.D. No.		
Pariords Palationship to Go V. U.											
Patient's Relationship to Cardholder					Employer	Employer	Employer I.D.				
					Group No.	Group No.			Plan No.		
Patient Authorization											
I hereby authorize release of information to health care providers, institutions, and /or payers that may pertain to my illness and/or treatment received.											
I certify that the information I have reported with regard to my insurance coverage is correct, and I have received the pharmacist care/services rendered.											
				Patient Signature	Patient Signature Date						
I hereby authorize my Pharmacy (in either case, "Pharmacy") to execute on my behalf any assignment of benefits documents required to permit my insurer											
to make payment directly to Pharmacy or its assigns. I understand that any amounts not paid by insurer because of deductible clauses, lack of coverage,											
or refusal to accept assignment of benefits shall be my responsibility.											
								Date			
Medication Name								Price			
Prescription Number			ays Suppl	y	Date Filled	Date Filled					
Dosage Form					Strength						
Active Ingredients					Quantity Dispensed						
Prescriber's Name					DEA#						
Dhormes sist A	uthonization				•						
Pharmacist Authorization  I hereby certify that the above compounded medication was ordered by the stated prescriber specifically for the stated patient. This medication is not											
commercially available in this formulation or dosage form. The compounding was done using the highest possible standards, pure chemicals or drugs and contemporary technology. Because this prescription medication is compounded and not manufactured, an NDC number is not required for reimburesement.											
Comemporary commonogy. Because and prescription incurcation is compounded and not manufactured, an MDC number is not required for remindresement.											
					Dhammasiat Ci	atura		Data			
10 1 1:00		c		. 0	Pharmacist Sign			Date			
			-		ır insurance company, Commissioner at						
please contact us, your employee benefits manager, or the State Insurance Commissioner at											

Form Number USC000

© International Academy of Compounding Pharmacists