



COMPOUND PRESCRIPTIONS

The pharmacy or dispensing facility must complete the remaining portion of this form and return it to the member/patient or provide the member/patient with a Universal Claim Form for a Compounded Medication.*

- Provide an 11 digit NDC number for each of the ingredient(s) in the medication
- Indicate the drug ingredient(s) and quantity.
- Indicate the metric quantity dispensed in number of tablets, grams or milliliters for liquids, creams, ointments or injectables.
- Indicate the amount paid for the prescription by the patient.

COMPOUND PRESCRIPTIONS			
For pharmacy use only*			
NDC#	Drug/Ingredient	Quantity	Charge
Total Charge:			\$

Note: If the medication/drug was purchased in a foreign country, the currency must be converted into US dollars.

The original pharmacy prescription label or cash receipt should accompany this claim form or the Universal Claim Form for a compounded medication. Prescription labels and receipts will not be returned; you may wish to make copies for your records.