Universal Claim Form for a Compounded Medication

Recognized by the International Academy of Compounding Pharmacists

Pharmacist

Pharmacy Information	Pharmacist's Name	Date
Chapel Hill Compounding 1829 East Franklin St. Chapel Hill, NC 27514 Phone 919-967-8805	LEE, JESSICA	
	Pharmacist's License # 17242	NABP # 3438024 / NPI 1336150994
	Pharmacist's Signature X	State ID # 09357

Patient

Name	Telephone
Address	
City	State / Zip
Birthdate	Sex / Social Security/Subscriber I.D. No.
Patient's Relationship to Cardholder	

Cardholder

Name	Telephone
Address	
City	State / Zip
Birthdate	Sex / Social Security/Subscriber I.D. No.
Employer	Employer ID
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.

X _____ X _____

Patient Signature Date

Prescription

Medication Name	Price
Prescription Number: Rx #	Days Supply / Date Filled / Quantity Dispensed
Dosage Form	Strength
Ingredients	
Prescriber's Name	Prescriber's DEA
	DAW: 0. No DAW

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

Because this prescription is compounded and not manufactured, an NDC number is not required for reimbursement.

X _____ X8/30/2007

Pharmacist Signature Date:

If you have difficulty in submitting this form or receiving payment from your insurance company, please contact us, your employer benefits manager, or the State Insurance Commissioner: JIM LONG RALEIGH, NC 919-733-7343