



Universal Claim Form for a Compounded Medication[®]

Recognized by the International Academy of Compounding Pharmacists

Pharmacist

Cardholder Information

PHARMACY INFORMATION			Pharmacist's Name		Date	
Bedford Pharmacy, Inc 209 Route 101 Bedford, NH 03110-5440			Ronald L. Petrin		- -	
			Pharmacist's License #		NABP#	
			NH 1951 NPI#1386757748		3003023	
			Pharmacist's Signature		State ID#	
					-	
Name		Telephone	Name		Telephone	
Address			Address			
City		State	Zip	City		State
Birthdate	Sex	Social Security/Subscriber I.D. No.		Birthdate	Sex	Social Security/Subscriber I.D. No.
Patient's Relationship to Cardholder			Employer		Employer I.D.	
			Group No.		Plan No.	

Patient Information

Patient Authorization

I hereby authorize release of information to healthcare 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 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.

Patient Signature Date

Prescription Information

Medication Name		Price	
Prescription Number	Days Supply	Date Filled	
Dosage Form		Strength	
Active Ingredients		Quantity Dispensed	
Prescriber's Name		DEA #	

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 reimbursement.

Pharmacist Signature Date

If you have difficulty in submitting this form or receiving payment from your insurance company,

please contact us, your employee benefits manager, or the State Insurance Commissioner at **169 Manchester St Concord, NH 03301 (800-852-3416)**