



PRESCRIPTION DRUG CLAIM FORM

For compounded prescriptions only

A completed Part 1 of the Prescription Drug Claim Form and pharmacy receipts* must accompany this compounded prescription form.

For Pharmacy use only

- Enter the NDC number of all legend drugs used.
- Indicate the drug ingredient(s) and quantity.
- Indicate the metric quantity dispensed in number of tablets, grams, or mls for liquids, creams, ointments, and injectables.
- Indicate the amount paid for the prescriptions by the patient.
- All plan provisions apply to compounded medications.

COMPOUNDED PRESCRIPTION CHART

NDC #	Drug ingredient	Quantity	Charge
<i>Note: If purchased in a foreign country, the currency must be converted into U.S. dollars.</i>			Total
			\$

Affix pharmacy label here or enter the required information:

Pharmacy name*			Pharmacy telephone number	
Street address			NPI*	
City	State	ZIP	Pharmacy representative signature*	Date*

***Important:** *The original Pharmacy prescription label/receipt (including the required drug information) must accompany this claim form. Please do not highlight receipts or items on this form as this will not show on scanned images and may cause a delay in the processing of your claim. Pharmacy receipts will not be returned, it is recommended that you make copies for your own records.*

**Send the completed form and receipt(s) to: ODS Prescription Claims
P.O. Box 40168
Portland, OR 97240-0168**