



Universal Claim Form for a Compounded Medication

Recognized by the International Academy of Compounding Pharmacists

Pharmacy Information CREATIVE SCRIPTS 600 GOODLETTE RD N #108 NAPLES, FL 34102 Phone: 239-261-0050		Pharmacist's Name MELOCHE, GERALD		Date 3/8/2013		
		Pharmacist's License # PS0034322		NCPDP # 1016410	NPI 1699014449	
		Pharmacist's Signature <input checked="" type="checkbox"/> <i>[Signature]</i>		State ID # PH21581		
Name MCARTHUR, WILLIAM		Telephone 609-602-9990		Name Telephone 609-602-9990		
Address 3100 NORTH RD		Address 3100 NORTH RD				
City NAPLES		State FL	Zip 34104	City NAPLES	State FL	
Birthdate 7/1/1940		Sex M	Social Security/Subscriber I.D. No.		Birthdate Sex Social Security/Subscriber I.D. No.	
Patient's Relationship to Cardholder		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.

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 to 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

Medication Name BACLOFEN/DICLOF/GABA/LIDO/PRILO TD 1/5/3/4/2 % GEL				Price \$65.00	Compounding fee \$0.00
Prescription Number Rx # 127414	Days Supply 10	Level of effort	Date Filled 3/8/2013	Quantity Dispensed 30 GMS	
Dosage Form GEL			Strength 1/5/3/4/2 %		
Ingredients		NDC	Qty.	Ingredient Cost	
BACLOFEN USP		38779-0388-04	0.300 GMS	\$10.26	
DICLOFENAC SODIUM USP		38779-1698-00	1.500 GMS	\$21.38	
GABAPENTIN		38779-2461-08	0.900 GMS	\$47.03	
LIDOCAINE USP		38779-0081-00	1.200 GMS	\$4.56	
PRILOCAINE HYDROCHLORIDE USP		38779-0155-04	0.600 GMS	\$10.03	
DIMETHYL SULFOXIDE USP (DMSO)		38779-2430-01	3.000 ML	\$4.05	
PCCA LIPODERM® ACTIVEMAX		51927-4482-00	22.500 GMS	\$56.25	
				Total	\$153.56

Prescriber's Name KIM HANYZESKI	Prescriber's DEA	Prescriber's NPI
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 and contemporary technology.

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

Pharmacist Signature

3/8/2013

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.