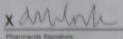
## Universal Claim Form for a Compounded Medication Recognized by the International Academy of Compounding Pharmacists

ii Recognizioni				Pharmacist's Name		3/8/20	013	
narmacy Information				MELOCHE, GERALD	NCPDP#		PI	
CREATIVE SCRIPTS	SCRIPTS LETTE RD N #108			Pharmacist's License # PS0034322	1016410		699014449	
00 GOODLETTE REPRESENTATION				Pharmacist's Signature	1010110	SI	tate ID #	
JAPLES, FL 34102 Phone 239-261-0050				X MMM			H21581	
Telephone COO COO COO COO COO COO COO COO COO CO			Name		609-602-9990			
ACARTHOR, WILLIAM			Address					
100 NORTH RD				3100 NORTH RD		State Zip		
ity		State FL	34104	NAPLES		State of the last	34104 //Subscriber I.D. No.	
Birthdate Sex		ial Security/S	subscriber I.D. No.	Birthdate	Sex	ocial Security/Su	ubscriber I.D. No.	
7/1/1940 M				Employer	E	mployer ID		
Patient's Relationship to Cardholder				A THE WAR AND A				
			Group No.		Plan No.			
				X Patient Signature			Date	
I hereby authorize my Pharmac insurer to make payment direct coverage or refusal to accept as	ly to Pharmacy	or its ass	signs. I undersu	e on my behalf any assignment of and that any amounts not paid by itsibility.	benefits documer nsurer because of	nts required f deductible	to permit to my	
incurer to make novment direct	ly to Pharmacy	or its ass	signs. I undersu	e on my behalf any assignment of and that any amounts not paid by it		nts required f deductible	to permit to my clauses, lack of	
insurer to make payment directle coverage or refusal to accept as	ly to Pharmacy signment of be	enefits sha	all be my respon	e on my behalf any assignment of land that any amounts not paid by insibility.  X  Patient Signature	price \$65.00		to permit to my clauses, lack of	
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insurer to make payment directle coverage or refusal to accept as  Medication Name BACLOFEN/DICLOF/G  Prescription Number Rx # 127414  Dosage Form	ABA/LIDO	enefits sha	of TD 1/5/3/4	e on my behalf any assignment of land that any amounts not paid by itsibility.  X Patient Signature  /2 % GEL  Date Filled 3/8/2013  Strength	Price \$65.00		to permit to my clauses, lack of  X  Date  Compounding fee	
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Medication Name BACLOFEN/DICLOF/G Prescription Number Rx # 127414  Docage Form GEL Ingredients BACLOFEN USP DICLOFENAC SODIUM GABAPENTIN LIDOCAINE USP PRILOCAINE HYDROOD DIMETHYL SULFOXII	ABA/LIDO  Days Supply 10  CHLORIDE DE USP (DI	/PRILC	of TD 1/5/3/4	E on my behalf any assignment of land that any amounts not paid by insibility.  X Patient Signature  /2 % GEL  Date Filled 3/8/2013  Strength 1/5/3/4/2 %  NDC 38779-0388-04 38779-1698-00 38779-2461-08 38779-0081-00 38779-0155-04 38779-2430-01	Qty. 0.300 GMS 1.500 GMS 0.900 GMS 0.600 GMS 3.000 ML 22.500 GMS	S	to permit to my clauses, lack of  X  Date  Compounding fee \$0.00  Ingredient Cost \$10.26 \$21.38 \$47.03 \$4.56 \$10.03 \$4.05	
Medication Name BACLOFEN/DICLOF/G Prescription Number Rx # 127414 Dosage Form GEL Ingredients BACLOFEN USP DICLOFENAC SODIUM GABAPENTIN LIDOCAINE USP PRILOCAINE HYDROO DIMETHYL SULFOXII PCCA LIPODERM® AC	ABA/LIDO  Days Supply 10  CHLORIDE DE USP (DI	/PRILC	of TD 1/5/3/4	Date Filled 3/8/2013  Strength 1/5/3/4/2 %  NDC 38779-0388-04 38779-081-00 38779-041-08 38779-041-08 38779-2430-01 51927-4482-00	Qty. 0.300 GMS 1.500 GMS 0.900 GMS 0.600 GMS 3.000 ML 22.500 GMS	S	to permit to my clauses, lack of  X  Date  Compounding fee \$0.00  Ingredient Cost \$10.26 \$21.38 \$47.03 \$4.56 \$10.03 \$4.05	
Medication Name BACLOFEN/DICLOF/G Prescription Number Rx # 127414  Dosage Form GEL Ingredients BACLOFEN USP DICLOFENAC SODIUM GABAPENTIN LIDOCAINE USP PRILOCAINE HYDROO DIMETHYL SULFOXII PCCA LIPODERM® AC	ABA/LIDO  Days Supply 10  M USP  CHLORIDE DE USP (DI CTIVEMAX)	/PRILC	of TD 1/5/3/4	X   Patient Signature	Qty. 0.300 GMS 1.500 GMS 0.900 GMS 0.600 GMS 3.000 ML 22.500 GMS	S	to permit to my clauses, lack of  X  Date  Compounding fee \$0.00  Ingredient Cost \$10.26 \$21.38 \$47.03 \$4.56 \$10.03 \$4.05	

and contemporary technology.

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



X3/8/2013

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