

Cancer Patient Services

419-423-0286

Prescription Reimbursement Form



Client Name: _____ Phone Number: _____

Address: _____ Reimbursement for the *calendar* month of: _____

Please attach a copy of your receipt for each prescription for which you are requesting reimbursement.

| Medication Name | Date Purchased | Out of Pocket Expense (after insurance has paid) | Pharmacist Signature certifies RX is for cancer related Health Concerns |
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| TOTAL: | | \$ | |

Please rate on a scale of 1 (least) to 5 (most), how much this program has assisted you and your family. Circle one: 1 2 3 4 5

| | | |
|-----------------------------------|-------------------|-------------------|
| <i>Office Use Only</i> | Client Level: | |
| Amount Approved: | Invoice Approved: | Date of approval: |
| Current Month Amount Verified by: | Approved for Pmt: | General Ledger #: |

Shown below are examples of pharmacy receipts that CPS requires for Drug Reimbursement. They display the names of the client, pharmacy & drug. It also has the date purchased and price.

Jane Doe
123 North Dr
Findlay, OH 45840

RX #123456

DATE: 03/24/09

WARFARIN SOD 5MG TABLETS (PEACH)
QTY: 30 REFILLABLE UNTIL 01/28/10
Refill NDC: 00555-0833-02
Retail Price: \$13.99 Your Insurance Saved You: \$ 3.99

\$ 10.00

S. COLE, MD
MFG: BARR
XXX / / TLA/DBW

PLAN: PAID
GROUP# HNYWELL

Walgreens

15031 US 224 E FINDLAY, OH 45840
PH: (419)420-0084

Duplicate
Receipt

RX #7890123

051 (419) 427-4064
2200 TIFFIN
FINDLAY, OH 45840
meijer

John Doe, 123 North Dr, Findlay OH 45840

FILLED: 03/27/09
APAP/CODEINE 300-30 TAB QUAL
Generic for: **TYLENOL/COD #3 TAB MCNE**
NDC# 00603-2338-32 QTY 90 PRICE: \$10.00
INSUR: PAI PLAN: Dr. P. BAKOS MD GROUP: HNYWELL

Key 630
\$ 10.00

Walmart (419) 425-5992
1161 TRENTON AVE
Pharmacy FINDLAY, OH 45840-0000

RX# 45678

\$366.25

Jane Doe, 123 North Dr, Findlay, OH 45840

03/16/2009 NEW

NDC: 00093-7485-12 QTY: 9 DAW: 0 DS: 4
LI, CHAOYANG GRANISETRON 1MG TAB TEV
QMTMKCM NABP: 3674719
PAI Final Partial Fill
Patient Pay \$10.00



Phone: (419) 423-4721 NCPDP# 3671636 Store# 01600510
101 SIXTH STREET FINDLAY OH 45840 DATE: 03/12/09

John Doe, 123 North Dr, Findlay OH 45840
RX # 98765

OMEPRAZOLE CAP 20MG RPH: RLS J
NDC: 62175-0118-43 DAW: 0
QTY: 30 May Refill 4X Until 03/11/2010
SHARON COLE MD
ANTHEM BC/BS
PRICE: \$10.00

CVS/pharmacy #5813 Ph: 419.423-3236
463 TIFFIN AVENUE
FINDLAY, OH
45840-0000

CUSTOMER RECEIPT



07 0137637 00 0000300

Date: 03-16-2009 DAW: 0

Jane Doe, 123 North Dr, Findlay 45840
RX #54321

IC DEXAMETHASONE 4 MG TABLET ROX
ROXANE LABS.
TAKE 2 TABLETS DAY BEFORE AND DAY AFTER CHEMO

NDC: 00054-4184-25 Days Supply: 15 Refills: 20 Qty: 20 TA
Prschr: LI, CHAOYANG
TP: 16810 GR: TRICARE REGION 5

PAY: \$3.00
Caps: Y

RITE AID-301 N MAIN ST.
301 NORTH MAIN STREET
FINDLAY OH 45840

(419) 420-9485
Store DEA: BR5509712
RPH: EAK

John Doe
123 North Dr
Findlay, OH 45840

Date Filled: 03/25/2009

Rx # 24680

TAMOXIFEN 20 MG TABLET DAW: 0
NDC: 00093-0782-56 QTY: 30 DAYS SUPPLY: 30

RAJESWARI GUNDA MD
2461 SOUTH MAIN STREET
FINDLAY, OH 45840

PAY:
\$10.00

REFILL UNTIL 04/02/2009

TRICARE TRRX <BIN#003858>

GRP: TRRX CLM REF #:

SCARBROUGH RX SOLUTIONS

1809 S. MAIN ST. (419) 423-1513 FINDLAY, OHIO 45840
Caution: Federal law prohibits transfer of this drug to any person other than patient for whom prescribed.

Rx #963147 03/10/09 SSS

Jane Doe
123 North Dr.
Findlay, OH 45840

Dr LI, CHAOYANG
NDC# 55253-071-30

PAY: \$15.00

NO REFILLS

#60 FENTANYL CITRATE OTFC 400 M
Generic for: ACTIQ 400 MCG LOZENGE

YOUR PRICE:
\$8.00

