## Form B Prescription Reimbursement



**CPS Phone: 419-423-0286** 

Please submit within the first two weeks of the following month.			
Client Name:	Reimbursement for the <i>calendar</i> month of:		
Address:	Phone Number:		
Please attach documentation for each cancer prescription for which you are requesting reimbursement (see example on back of form B) OR request a printout from your pharmacy technician.			
Medication Name	Date Purchased		of Pocket Expense (after insurance has paid)
TOTAL		Ċ	
TOTAL:	1	\$	
Office Use Only			
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)

OTY: 30

REFILLABLE UNTIL 01/28/10

NDC:00555-0833-02 Your Insurance Saved You: \$ 3.99

Retail Price: \$13.99

MFG:BARR XXX/ / /TLA/DBW

PLAN: PAID GROUP# HNYWELL

Walgreens

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

Duplicate Receipt

10.00

RX #7890123

# UD1 (419) 427-4064 2200 TIFFIN

meijer FINDLAY, OH 45840

John Doe, 123 North Dr, Findlay OH 45840

APAP/CODEINE 300-30 TAB QUAL
Generic for TYLENOLICOD #3 TAB MCNE
NDC# 00603-2338-32 OTY 90 Dr. P. BAKOS
INSUR: PAI PLAN: GROUP- HAIVE

PRICE: \$10.00 Dr. P. BAKOS MD GROUP: HNYWELL

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Key 630 \$ 10.00

Walmart > (419) 425-5992 Pharmacy

1161 TRENTON AVE FINDLAY, OH 45840 -0000

RX# 45678

\$366.25

Jane Doe, 123 North Dr, Findlay, OH 45840

03/16/2009 NEW

NDC: 00093-7485-12 LI.CHAOYANG QMTMKCM

DAW: 0 DS: 4 **GRANISETRON 1MG** TAB TEV NABP: 3674719 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

RITE AID-301 N MAIN ST.

301 NORTH MAIN STREET

RPH: RLS J

NDC: 62175-0118-43 DAW: 0 QTY: 30 May Refill 4X Until 03/11/2010 SHARON CÓLE MD

ANTHEM BC/BS PRICE: \$10.00

CVS/pharmacy

#5813 Ph:419.423-3236

CUSTOMER RECEIPT

463 TIFFIN AVENUE FINDLAY, OH

PAI

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

Date: 03-16-2009 DAW: 0

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

NDC:00054-4184-25 Days Supply: 15 Refills: 20 Qty:20 TA

Prscbr: LI, CHAOYANG TP: 16810 GR:

TRICARE REGION 5

\$3.00 PAY:

123 North Dr Findlay, OH 45840 Rx # 24680

John Doe

FINDLAY OH 45840

TAMOXIFEN 20 MG TABLET

DAW: 0

NDC: 00093-0782-56

QTY: 30

DAYS SUPPLY: 30

(419) 420-9485

RPH: EAK

Store DEA: BR5509712

Date Filled: 03/25/2009

RAJESWARI GUNDA MD

2461 SOUTH MAIN STREEET

FINDLAY, OH 45840

PAY: \$10.00

**REFILL UNTIL 04/02/2009** 

TRICARE TRRX <BIN#003858>

CLM REF #:

GRP: TRRX

## 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

Jane Doe 123 North Dr. Findlay, OH 45840

Dr LI, CHAOYANG

PAY: \$15.00

SSS

NDC# 55253-071-30

NO REFILLS

FENTANYL CITRATE OTFC 400 M

Generic for: ACTIQ 400 MCG LOZENGE

A TABLE

YOUR PRICE: \$8.00