

Authorization to Reimburse Prescription Expenses Under the Negotiated Contract 2010-2011

Date: _____ Name: _____

First \$100 out-of-pocket costs expended. Yes _____ No _____
(Please provide documentation with first request)

Family Member _____

Date: _____ Presc# _____ Amount Paid _____ Reimbursed _____
(For Office Use)

Date: _____ Presc# _____ Amount Paid _____ Reimbursed _____
(For Office Use)

Date: _____ Presc# _____ Amount Paid _____ Reimbursed _____
(For Office Use)

Family Member _____

Date: _____ Presc# _____ Amount Paid _____ Reimbursed _____
(For Office Use)

Date: _____ Presc# _____ Amount Paid _____ Reimbursed _____
(For Office Use)

Date: _____ Presc# _____ Amount Paid _____ Reimbursed _____
(For Office Use)

Family Member _____

Date: _____ Presc# _____ Amount Paid _____ Reimbursed _____
(For Office Use)

Date: _____ Presc# _____ Amount Paid _____ Reimbursed _____
(For Office Use)

Date: _____ Presc# _____ Amount Paid _____ Reimbursed _____
(For Office Use)

Family Member _____

Date: _____ Presc# _____ Amount Paid _____ Reimbursed _____
(For Office Use)

Date: _____ Presc# _____ Amount Paid _____ Reimbursed _____
(For Office Use)

Date: _____ Presc# _____ Amount Paid _____ Reimbursed _____
(For Office Use)

Pharmacy documentation must be attached indicating date, name of patient, prescription number and amount paid.

TOTAL REIMBURSED _____

Requested by: _____

Authorized by: _____