

NAME OF PHARMACY:
PHONE #:

COMPLETED BY:
DATE:

PATIENT EXAMPLES

PATIENT NAME: ADDR LINE1:
ADDR LINE 2: CITY: STATE: ZIP:
DATE OF BIRTH: SEX: LANGUAGE:
PHONE: COMMENT:
PRIMARY 3RD PARTY CODE: SECONDARY 3RD PARTY CODE:
PRIMARY 3RD PARTY NAME: SECONDARY 3RD PARTY NAME:
BIN #: PCN#: BIN #: PCN#:
CARD #: CARD #:
GROUP #: GROUP #:
RELATIONSHIP #: DEPENDENT #: RELATIONSHIP #: DEPENDENT #:
CARDHOLDER NAME: CARDHOLDER NAME:
EXP. DATE: EXP. DATE:
SAFETY CAPS: ALLERGY:
DISEASE: MEDICAL RECORD #:
SS#: HIPPA INFO:

PATIENT NAME: ADDR LINE1:
ADDR LINE 2: CITY: STATE: ZIP:
DATE OF BIRTH: SEX: LANGUAGE:
PHONE: COMMENT:
PRIMARY 3RD PARTY CODE: SECONDARY 3RD PARTY CODE:
PRIMARY 3RD PARTY NAME: SECONDARY 3RD PARTY NAME:
BIN #: PCN#: BIN #: PCN#:
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RELATIONSHIP #: DEPENDENT #: RELATIONSHIP #: DEPENDENT #:
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PLEASE MAKE MULTIPLE COPIES OF THESE PAGES AND SEND US AS MANY
EXAMPLES AS POSSIBLE. THANK YOU!
NOT ALL FIELDS ON EXAMPLE SHEETS WILL BE AVAILABLE FROM YOUR
CURRENT SYSTEM OR ON YOUR NEW SYSTEM.

NAME OF PHARMACY:
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DATE:

DRUG EXAMPLES

NDC #: DRUG NAME:
SCHEDULE: PRICE CODE/CATEGORY: MANUFACTURER:
AWP: GENERIC (Y/N):
COST: PACKSIZE:
ACOST: ON HAND:
MAC: REORDER PT:
FORM: REORDER QTY:
STRENGTH: UNIT:

NDC #: DRUG NAME:
SCHEDULE: PRICE CODE/CATEGORY: MANUFACTURER:
AWP: GENERIC (Y/N):
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NAME OF PHARMACY:
PHONE #:

COMPLETED BY:
DATE:

ACCOUNTS RECEIVABLE EXAMPLES
(If available, extra charge)

ACCOUNT #: _____ PATIENT NAME: _____

CLOSING BALANCE *(If accounts closed:)* _____ PREVIOUS CLOSING BALANCE: _____

CURRENT BALANCE: _____ CURRENT CHARGES: _____ CURRENT CREDITS: _____

30 DAY: _____ 60 DAY: _____ 90 DAY: _____

ACCOUNT #: _____ PATIENT NAME: _____

CLOSING BALANCE *(If accounts closed:)* _____ PREVIOUS CLOSING BALANCE: _____

CURRENT BALANCE: _____ CURRENT CHARGES: _____ CURRENT CREDITS: _____

30 DAY: _____ 60 DAY: _____ 90 DAY: _____

ACCOUNT #: _____ PATIENT NAME: _____

CLOSING BALANCE *(If accounts closed:)* _____ PREVIOUS CLOSING BALANCE: _____

CURRENT BALANCE: _____ CURRENT CHARGES: _____ CURRENT CREDITS: _____

30 DAY: _____ 60 DAY: _____ 90 DAY: _____

ACCOUNT #: _____ PATIENT NAME: _____

CLOSING BALANCE *(If accounts closed:)* _____ PREVIOUS CLOSING BALANCE: _____

CURRENT BALANCE: _____ CURRENT CHARGES: _____ CURRENT CREDITS: _____

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ACCOUNT #: _____ PATIENT NAME: _____

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30 DAY: _____ 60 DAY: _____ 90 DAY: _____

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NAME OF PHARMACY:
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DATE:

RX EXAMPLES

Please make 5-10 copies of this page and give us examples of third party scripts, cash scripts, fills with refills of varying amounts, PRN scripts, on holds/profiled, inactive/transfer/reassign, and deleted/canceled/voided scripts. If there are additional dispensings please use an additional blank page of paper. PLEASE USE SCRIPTS WITHIN THE DATE RANGE OF THE DATA SENT!

RX #:	SIG (Please <u>write out</u> in <u>full</u> ENGLISH or SPANISH text NOT short cut):							
NDC #(prescribed):	RX COMMENT:							
DRUG DESCRIPTION (prescribed):								
PAT NAME:	ADDRESS LINE 1:				BIRTHDAY:			
DOC NAME:	DAW:							
DEA#:	DAYS SUPPLY:			PRN?				
QTY PRESCRIBED (per fill):	TOTAL QTY REMAINING:							
REFILLS AUTHORIZED:	REFILLS REMAINING:			HOLD:	VOID:	REVERSED:	DELETED:	
ORIGINAL DATE:	EXPIRATION DATE:			REASSIGNED?	REASSIGNED TO #:			
ORIG. FILL DATE:	INIT:	QTY:	PRICE:	COPAY:	COST:	BILLMETH:	NDC # DISPENSED:	NDC DESCRIPTION:
REFILL DATE 1:	INIT:	QTY:	PRICE:	COPAY:	COST:	BILLMETH:	NDC # DISPENSED:	NDC DESCRIPTION:
REFILL DATE 2:	INIT:	QTY:	PRICE:	COPAY:	COST:	BILLMETH:	NDC # DISPENSED:	NDC DESCRIPTION:
REFILL DATE 3:	INIT:	QTY:	PRICE:	COPAY:	COST:	BILLMETH:	NDC # DISPENSED:	NDC DESCRIPTION:
REFILL DATE 4:	INIT:	QTY:	PRICE:	COPAY:	COST:	BILLMETH:	NDC # DISPENSED:	NDC DESCRIPTION:
REFILL DATE 5:	INIT:	QTY:	PRICE:	COPAY:	COST:	BILLMETH:	NDC # DISPENSED:	NDC DESCRIPTION:
REFILL DATE 6:	INIT:	QTY:	PRICE:	COPAY:	COST:	BILLMETH:	NDC # DISPENSED:	NDC DESCRIPTION:
REFILL DATE 7:	INIT:	QTY:	PRICE:	COPAY:	COST:	BILLMETH:	NDC # DISPENSED:	NDC DESCRIPTION:

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