



Prescription Drug Claim Form

For compounded prescriptions only

Complete all information in Section 1. Pharmacy receipts* must accompany this form.

For Pharmacy use only

- Enter the NDC number of all ingredients used.
- Indicate the drug ingredient(s) and quantity.
- Indicate the metric quantity dispensed in number of tablets, grams, or mls for liquids, creams, ointments, and injectables.
- Indicate the amount paid for the prescriptions by the patient.
- All plan provisions apply to compounded medications.

Section 1 › Compounded prescription information

NDC #	Drug ingredient(s)	Quantity	Day supply	Charge
NDC #	Drug ingredient(s)	Quantity	Day supply	Charge
NDC #	Drug ingredient(s)	Quantity	Day supply	Charge
NDC #	Drug ingredient(s)	Quantity	Day supply	Charge
NDC #	Drug ingredient(s)	Quantity	Day supply	Charge
NDC #	Drug ingredient(s)	Quantity	Day supply	Charge
Note: If purchased in a foreign country, the currency must be converted into U.S. dollars.				Total \$

Section 2 › Pharmacy information

Affix pharmacy label here or enter the required information:

Pharmacy name*		Pharmacy telephone number		
Street address		City		State
ZIP code		NPI*		
Pharmacy representative signature*			Date*	

***Important:** The original Pharmacy prescription label/receipt (including the required drug information) must accompany this claim form. Please do not highlight receipts or items on this form as this will not show on scanned images and may cause a delay in the processing of your claim. Pharmacy receipts will not be returned, it is recommended that you make copies for your own records.

Ready to submit? Mail it to
 Moda Health Prescription Claims, PO Box 40168, Portland, OR 97240