

UNIVERSAL CLAIM FORM

PHARMACY INFORMATION

Pharmacy PENSACOLA APOTHECARY Pharmacist Name CHRIS SCHULTE

Address 825 EAST BURGESS ROAD, PENSACOLA, FL 32504

Phone 850-934-2811 NABP 1002637

PATIENT INFORMATION

Patient Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Birthdate _____ Sex ____ SSN/Subscriber ID _____

Patients Relationship to Cardholder _____

CARDHOLDER INFORMATION

Cardholder Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Birthdate _____ Sex ____ SSN/Subscriber ID _____

Group _____ Plan _____

PRESCRIPTION INFORMATION

Medication Name _____ Price _____

Prescription Number _____ Day's Supply__ Date Filled _____

Dosage Form _____ Strength _____

Active Ingredient _____ Quantity Dispensed _____

Prescription Name _____ Prescriber's DEA Number _____