

Compound Prescription Claim Form

Please submit a claim form for each compound you are requesting reimbursement for.

1. A compound prescription must contain more than one ingredient.
2. List the VALID 11-digit NDC number for each ingredient used in the compound prescription.
3. List the ingredient names for each NDC.
4. Indicate the "quantity" (for example – expressed in number of tablets, grams, or milliliters) for each ingredient NDC number.
5. Indicate the cost for each ingredient (dollar amount).
6. Indicate the compound type by circling one of the following: Capsule, Ointment, Cream, Suppository, Powder, Emulsion, Liquid, Tablet, Solution, Suspension, Lotion, Shampoo, Elixir, Syrup, Lozenge, Enema, Enteral, Not Sure.

Complete this Compound Prescription Claim Form and mail it to: NALC Prescription Benefit Program, P.O. Box 52192, Phoenix, AZ 85072-2192, along with your itemized printout. Please note, information on all ingredients is required. To help avoid delays in processing, please contact your pharmacy to obtain any necessary information.

Please refer to the Frequently Asked Questions for Compound Claims attached to this form for additional information on submitting your claim.

Pharmacy Name: <input style="width: 95%;" type="text"/>	Date Filled (MM/DD/YY) <input style="width: 95%;" type="text"/>	Prescription (Rx) Number <input style="width: 95%;" type="text"/>
COMPOUND NAME: <input style="width: 95%;" type="text"/>		
INGREDIENT NAME: <input style="width: 95%;" type="text"/>		
National Drug Code (NDC) Number <input style="width: 95%;" type="text"/>	Quantity <input style="width: 95%;" type="text"/>	Cost <input style="width: 95%;" type="text"/>
INGREDIENT NAME: <input style="width: 95%;" type="text"/>		
National Drug Code (NDC) Number <input style="width: 95%;" type="text"/>	Quantity <input style="width: 95%;" type="text"/>	Cost <input style="width: 95%;" type="text"/>
INGREDIENT NAME: <input style="width: 95%;" type="text"/>		
National Drug Code (NDC) Number <input style="width: 95%;" type="text"/>	Quantity <input style="width: 95%;" type="text"/>	Cost <input style="width: 95%;" type="text"/>
INGREDIENT NAME: <input style="width: 95%;" type="text"/>		
National Drug Code (NDC) Number <input style="width: 95%;" type="text"/>	Quantity <input style="width: 95%;" type="text"/>	Cost <input style="width: 95%;" type="text"/>
INGREDIENT NAME: <input style="width: 95%;" type="text"/>		
National Drug Code (NDC) Number <input style="width: 95%;" type="text"/>	Quantity <input style="width: 95%;" type="text"/>	Cost <input style="width: 95%;" type="text"/>
INGREDIENT NAME: <input style="width: 95%;" type="text"/>		
National Drug Code (NDC) Number <input style="width: 95%;" type="text"/>	Quantity <input style="width: 95%;" type="text"/>	Cost <input style="width: 95%;" type="text"/>
INGREDIENT NAME: <input style="width: 95%;" type="text"/>		
SUMMARY FOR COMPOUND PRESCRIPTION	Quantity <input style="width: 95%;" type="text"/>	Cost <input style="width: 95%;" type="text"/>

For compounded drugs that contain more than six ingredients, please submit all additional prescription details along with your submission. If you have questions or concerns completing the form, please ask your pharmacist to complete it for you.

