Department of Labor and Industries
Crime Victims Compensation Program
PO Box 44520
Olympia WA 98504-4520

# Statement for Compound Prescription

- Read the instructions on the back before you start.
- When you submit this bill, you are certifying that the prescription information is correct.

☐ Request to reimburse the claimant (Pharmacist signature required below)

☐ This is an insurance co-payment reimbursement.

| | | |
|---|---|---|
| | Claimant's SSN (for ID only) | Claim number |
| Pharmacy name & physical address | Claimant's name (Last, First, Middle Initial) | |
| | Claimant's mailing address | |
| | City State Zip Code | |
| Pharmacy L&I provider number or NPI | DEA number | Pharmacy billing date |

## Prescription Detail

| | | | | | |
|---|---|---|---|---|---|
| Date Rx written | Prescribing provider name | | | Prescribing provider number or NPI | |
| Prescription number | Date filled | Refill number | Days supply | Quantity Doses: Grams: Milliliters: | |
| Compound drug code 00990000000 | Total no. of ingredients | Dispense as written selection code (DAW 0,1, or 6) | | Compounding time | |
| Rx filled for: ☐ Antibiotic IV therapy ☐ Pain cocktail ☐ Topical preparation ☐ Total parental nutrition ☐ Other therapy | | | | | |
| Drug cost: $ | Dispensing fee: $ | Professional fee: $ | | Total Rx cost: $ | |

## Compound Itemization

If more than 10 drugs were used, attach additional itemization.

| NDC | Name | Strength | Quantity | Drug cost/unit | Drug cost |
|---|---|---|---|---|---|
| 1. | | | | | $ |
| 2. | | | | | $ |
| 3. | | | | | $ |
| 4. | | | | | $ |
| 5. | | | | | $ |
| 6. | | | | | $ |
| 7. | | | | | $ |
| 8. | | | | | $ |
| 9. | | | | | $ |
| 10. | | | | | $ |

The claimant has paid for the above services and prescriptions.

Pharmacist name (please print) _____ Pharmacist signature _____



RESET

## Instructions for completing Statement for Compound Prescription

| | |
|---|---|
| Pharmacy name & physical address | Enter the pharmacy name and physical address |
| Pharmacy L&I provider number or NPI | Enter the pharmacy's L&I provider or NPI |
| DEA number | Enter the pharmacy's DEA number |
| Claimant's SNN | Enter the claimant's social security number. This is used for ID only. |
| Claim number | Enter the claimant's claim number. |
| Claimant's name | Enter the worker's name. |
| Claimant's mailing address | Enter the claimant's mailing address. |
| Pharmacy billing date | Enter the date the pharmacy is billing the department. |

**Prescription Detail**

| | |
|---|---|
| Date Rx written | Enter the date the prescription was written. |
| Prescribing provider name | Enter the name of the prescribing provider's name. |
| Prescribing provider number | Enter the L&I provider number or NPI of the prescribing provider. |
| Prescription number | Enter the pharmacy's prescription number. |
| Date filled | Enter the date the prescription was filled. |
| Refill number | If the prescription is a refill, enter the refill number (0-99). If original prescription, enter "0". |
| Days supply | Enter the number of days supply. If the directions say "as needed" or has a dose range, estimate the days supply using maximum dosage per day. |
| Quantity | Total units of medication prescribed. Use the NCPDP billing unit standard form such as "each", "ml", or "gm". |
| Total no. of ingredients | The number NDC ingredients used in the prescription. |
| Dispense as written selection code | Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.<br><br>Valid values:<br>0 = no product selection mandated<br>1 = substitution not allowed by prescriber<br>6 = override for emergency supply. For instate pharmacies only when dispensing emergency supply of a non-preferred drug prescribed by a non-endorsing provider. |
| Compounding time | Time required to combine the ingredients in the prescription. List in minutes. |
| Rx filled for | Check the appropriate box. |
| Drug cost | Total charge for the filled prescription. |
| Dispensing fee | The fee for services provided by the pharmacist. |
| Professional fee | Fee for compounding time. |
| Total Rx cost | Total charge for filled prescription (drug cost + professional fee + applicable tax). |

**Compound Itemization**

***Each column must be completed per line item.***

Enter the NDC; name; strength; quantity (number of units supplied); drug cost/unit; and the total drug cost for each drug used.

If more than 10 drugs were used, attach additional itemization.