

Pharmacy – Sample Claim NYS MEDICAL ASSISTANCE (TITLE XIX) PHARMACY CLAIM FORM

1. PROVIDER ID NUMBER				2. DATE FILLED			3. SA EXCP CODE		ONLY TO BE USED TO ADJUST OR VOID A PAID CLAIM										
MO DAY YR				MO DAY YR					4 CODE		4A. ORIGINAL CLAIM NUMBER								
1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0				0 | 5 | 1 | 3 | 0 | 7					A | V										
City Pharmacy 111 Park Avenue Anytown, NY 11111				5. RECIPIENT ID NUMBER			6. DATE OF BIRTH			7. SEX		8. OTHER RECIPIENT INSURANCE CODE		9. RECIPIENT NAME					
										X | F				LAST Brandon FIRST John					
				A | A | 1 | 2 | 3 | 4 | 5 | W			0 | 4 | 1 | 9 | 1 | 9 | 5 | 5			1 | 2				PRIOR APPROVAL/AUTHORIZATION NO.				LINE		FOR OFFICE USE ONLY
10. PROF CD		10A. ORDERING/PRESCRIBING PROVIDER ID/LICENSE NUMBER				10B. NAME						12.		12A.					
		1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0				Peter Smith													
11. PROF CD		11A. OTHER REFERRING/ORDERING PROVIDER ID/LICENSE NUMBER				11B. NAME						13.		13A.		14			
																1			

LINE	15. PRESCRIPTION/ORDER NUMBER	16. DATE ORDERED			17. DRUG SUPPLY CODE	18. QUANTITY DISPENSED	19. DAYS SUPPLY	20. NEW REFILL NUMBER	20A. NO OF REFILLS AUTHORIZED	21. BRAND NECESSARY	22. AMOUNT CHARGED	MEDICARE			24. OTHER INSURANCE PAID	
		MO	DAY	YR								23. CO-INSURANCE	23A. DEDUCTIBLE	23B. CO-PAY		23C. PAID
1	6|0|0|0|1|0|0	0|5	0|3	0|7	5|1|0|7|9|0|2|0|0|2|0	6|0|0|0	3|0	1	5	Y | X	1|5|0|0	.	.	.	.
2	6|0|0|0|6|0|0	0|5	0|3	0|7	B|4|1|8|9	1|0|0	1|0	1	0	Y | X	7|0|0|0	.	.	.	.
3	6|0|0|0|1|6|0	0|5	0|3	0|7	A|6|2|4|7	3|0|0|0	3|0	0	0	Y | X	2|0|0|0	.	.	.	.
4										Y | N		.	.	.	.
5										Y | N		.	.	.	.
							25. CASE MGR. ID		TOTALS ▶							

CERTIFICATION
(I CERTIFY THAT THE STATEMENTS ON THE REVERSE SIDE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.)

29. SIGNATURE		30. COUNTY*		31. BILLING DATE		
James Strong				MO DAY YR		
				0|5 | 1|3 | 0|7		

*Payee must enter county wherein signed unless it is the same as that of the provider address entered in the upper left of this form.

DO NOT WRITE IN BARCODE AREA



EMEDNY – 000301 (01/04) 1-11-0071 (12/03)

FOR COMPOUND USE ONLY: CIRCLE ONE LINE NUMBER 1 2 3 4 5		
INGREDIENTS	QUANTITY	PRICE
		\$.
		.
		.
		.
DOSAGE FORM AND DIRECTIONS		TOTAL INGREDIENT COST
		.
		COMPOUNDING FEE
		.
		DISPENSING FEE
		.
		AMOUNT CHARGED
		\$.