



RAMSELL
PUBLIC HEALTH RX

WASHINGTON

PROVIDER SERVICES: (888) 311 – 7632

FAX: (800) 848 -4241 or 510-587-2799

VERSION 6-WA - AUTHORIZATION FORM

PLEASE REVIEW REQUEST FOR ACCURACY AND COMPLETE ALL APPROPRIATE FIELDS!

PHARMACY INFORMATION

NABP: _____ Sent By: _____
STAMP or WRITE Pharmacy Name, Phone & Fax:

CLIENT INFORMATION
(Print Clearly)

Last Name

First Name

I.D. :

PHONE: () _____

FAX: () _____

D.O. B. ____ / ____ / ____

MUST CHECK ALL THAT APPLY!

- Eligibility Expiration
- Vacation Supply
- APPDP Dispensing Restriction
- Early Refill (Provide explanation)
- DAW override _____
- Client Not Enrolled into a Medicare Part D Plan
- Medicare Part D Plan Billing

Plan Name _____

- Private Insurance Billing

Plan Name _____

POS Printback Copy must accompany this request (DO NOT AFFIX LABELS TO PA FORM)

PILL SPLITTING PROGRAM

- Pill Split Opt-Out
- Pill Split Inappropriate

NOTES/EXPLANATION:

Note: All claims over 90 days will be denied

		Co-Pay or Cash Price	Requested QTY	Days Supply	Requested PA Date
RX#1	NDC : _____	\$: _____			
RX#2	NDC : _____	\$: _____			
RX#3	NDC : _____	\$: _____			
RX#4	NDC : _____	\$: _____			
RX#5	NDC : _____	\$: _____			
RX#6	NDC : _____	\$: _____			
RX#7	NDC : _____	\$: _____			
RX#8	NDC : _____	\$: _____			
RX#9	NDC : _____	\$: _____			

Check this box if you require manual billing for these

prescriptions. (For pharmacy providers who can not split bill or prescriptions over 60 days old.)