



Dean Health Plan Pharmaceutical Care Program On-Line Adjudication Documentation

Formulary Interchange
Reimbursement: \$4.00
NDC: 99999-9999-32

Therapeutic Interchange
Reimbursement: \$12.00
NDC: 99999-9999-33

Change of Dose
Reimbursement: \$5.00
NDC: 99999-9999-34

Patient Compliance Monitoring
Reimbursement: \$10.00
NDC: 99999-9999-35

Rx Number from original prescription: _____

Patient Signature: _____

Prescriber's Name: _____

Date of Intervention: _____

Description of Intervention: _____

(Rev. 02/05)

CLINICAL SERVICES



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