Department of Labor and Industries
PO Box 44269
Olympia WA 98504-4269

Statement for Compound Prescription

- We do not reimburse for private insurance co-payments. Call 800-848-0811 for instructions.
- Read the instructions on the back before you start.
- When you submit this bill, you are certifying that the prescription information is correct.
- We must receive this statement within 12 months of the date of service or claim allowance.

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

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

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 injured worker has paid for the above services and prescriptions.

_____
Pharmacist name (please print)

_____
Pharmacist signature

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
Worker's SNN	Enter the worker's social security number. This is used for ID only.
Claim number	Enter the worker's claim number.
Worker's name	Enter the worker's name.
Worker's mailing address	Enter the worker's mailing address.
Pharmacy billing date	Enter the date the pharmacy is billing the department.
Employer name	Enter the worker's employer's name.

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/UPC ingredients used in the prescription.
Dispense as written selection code	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed. Valid values: 0 = no product selection mandated 1 = substitution not allowed by prescriber 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.