

Virginia Ryan White Part B Formulary Supportive Documentation Form
(Send with monthly invoice)

Please fill out this form in its entirety and submit by secure email with your HCS invoice. The form assures the correct reimbursement to your agencies for medications and accurate tracking to determine programmatic costs for medication access. The form allows space for three medications per client. **If you are requesting Medication Assisted Treatment (MAT) for your client, please use that specific form, Medication Assisted Treatment (MAT) Access in Virginia Supportive Documentation Form.**

Staff making request (name): _____ Agency name: _____

1. Client Name: _____ 2. Date of Birth: _____

3. Gender: _____ 4. (OR RW ID to substitute for those first three): _____

Client RW-eligibility expiration date (mm/dd/yyyy): _____

Date prescription filled (mm/dd/yyyy):	Date prescription filled (mm/dd/yyyy):	Date prescription filled (mm/dd/yyyy):
Prescriber name:	Prescriber name:	Prescriber name:
NDC code* for drug:	NDC code* for drug:	NDC code* for drug:
# Days supplied:	# Days supplied:	# Days supplied:
Quantity supplied:	Quantity supplied:	Quantity supplied:
Cost of prescription:	Cost of prescription:	Cost of prescription:

* The **NDC**, or **National Drug Code**, is a unique 10-digit, 3-segment number. It is a universal product identifier for human drugs in the United States. The code is present on all nonprescription (Over the counter or OTC) and prescription medication packages and inserts in the U.S.