**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 monthly invoice. The form assures the correct reimbursement to your agencies for medications, as well as accurate tracking to determine programmatic costs for medication access.**

**The RWHAPB service categories for assistance with medications from this formulary are Emergency Financial Assistance – Medications (EFA), Outpatient Ambulatory Health Services-Medications (OAHS) or Health Insurance Premium and Cost-Sharing Assistance (HIPCSA) Medication.**

Staff making request (name): Agency name:

1. Client Name: 2. Date of Birth:

3. Gender: **(OR, in lieu of 1-3) RW ID**:

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.