



MAPS CLAIM FORM

Authority: P.A. 231 of 2011

Board of Pharmacy Rule 338.3162d requires this form to be completed for every controlled substance that is dispensed, and mailed or delivered to MAPS no later than 7 calendar days after the date the controlled substance has been dispensed.

Dispenser Information (Please print legibly)												
DEA Number				First Name				Middle	Last Name			
Address				City				State	Zip Code			
Phone Number				Fax Number				Email Address				
Patient Information (Human information unless otherwise specified)												
First Name				Last Name				Pet Name (If Patient is animal)				
Address				City				State	Zip Code			
Date of Birth (mm/dd/yyyy)				Gender				Customer Driver's License or State ID				
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown								
Controlled Substance Dispensed												
Date Written (mm/dd/yyyy)				Date Dispensed (mm/dd/yyyy)				Prescriber DEA Number				
NDC Number (Must be 11 digits) ¹				Drug Name and Strength								
Quantity	Day Supply ²		Refill Number (0 to 5) ³			Authorized Refills (5 Max) ⁴			Unique RX Number ⁵			
Transmission Form						Mode of Payment						
<input type="checkbox"/> Written Rx <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Phone Emergency						<input type="checkbox"/> Private Pay <input type="checkbox"/> Medicaid/Medicare <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Major Medical <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Indian Nations <input type="checkbox"/> Other						
<p>¹ NDC Codes have 11 digits arranged as a group of 5 digits, then 4 digits, then 2 digits. If the number on the bottle is missing a digit in any of the groups, place a 0 at the beginning of that group. Examples are shown below:</p> <p style="text-align: center;"> 10 digits → 11 digits 1234-5678-90 → <u>0</u>1234-5678-90 01234-567-89 → 01234-<u>0</u>567-89 01234-5678-9 → 01234-5678-<u>0</u>9 </p> <p>² Day supply is the LEAST amount of time a medication can last, rounded up to the nearest whole number of days.</p> <p>³ Refill number indicates the sequential refill for this prescription. The first fill is always 0, the first refill is 1 ect.</p> <p>⁴ Authorized refills is the number of times the prescriber will allow this Rx to be refilled (Max 5 for CIII to CV, 0 for CII)</p> <p>⁵ The RX number is a unique number assigned to this specific prescription and all subsequent refills of this prescription only. Every new prescription requires a new, unique RX number.</p>												

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