



**WellFirst Health Plan Pharmaceutical Care
Program On-Line Adjudication Documentation**

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- 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

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NDC: 99999-9999-34
- Patient Compliance Monitoring
Reimbursement: \$10.00
NDC: 99999-9999-35

Rx Number from original prescription: _____

Rx Number from original prescription: _____

Patient Signature: _____

Patient Signature: _____

Prescriber's Name: _____

Prescriber's Name: _____

Date of Intervention: _____

Date of Intervention: _____

Description of Intervention: _____

Description of Intervention: _____



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