FLORIDA DEPARTMENT OF FINANCIAL SERVICES - DIVISION OF WORKERS' COMPENSATION

STATEMENT OF CHARGES FOR DRUGS AND MEDICAL EQUIPMENT & SUPPLIES

Pharmacists & Medical Suppliers - Must complete this billing form in detail to file for reimbursement of services.
For Supplies & Equipment - Complete sections 1, 3 & 4For Drug Products - Complete sections 1, 2 & 4

SECTION I

1. EMPLOYEE'S NAME (FIRST, MIDDLE, LAST)			2. EMPLOYEE'S SOCIAL SECURITY # OR DIVISION ASSIGNED #
3. DATE OF ACCIDENT	4. EMPLOYEE'S DOB	5. GENDER MALE ☐ FEMALE ☐	6. CLAIMS-HANDLING ENTITY INTERNAL FILE #
7. INSURER/CARRIER NAME & ADDRESS			8. EMPLOYER'S NAME & ADDRESS

SECTION 2 PRESCRIPTION DRUGS

9a. NDC NUMBER PRIMARY (5 4 2 format) 9b. NDC NUMBER SECONDARY (5 4 2 format)	10. QUANTITY	11. DAYS	12. MEDICATION & STRENGTH	13. USUAL CHARGE $
14. RX # ☐ new ☐ refill	15. DAW CODE	16. DATE FILLED 0	17a. PRESCRIBER'S NAME 0	17b. FL. DOH LICENSE #
9a. NDC NUMBER PRIMARY (5 4 2 format) 9b. NDC NUMBER SECONDARY (5 4 2 format)	10. QUANTITY	11. DAYS	12. MEDICATION & STRENGTH	13. USUAL CHARGE $
14. RX # new ☐ new ☐ refill	15. DAW CODE	16. DATE FILLED	17a. PRESCRIBER'S NAME	17b. FL. DOH LICENSE #
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14. RX # ☐ New ☐ refill	15. DAW CODE	16. DATE FILLED	17a. PRESCRIBER'S NAME	17b. FL. DOH LICENSE #

SECTION 3 MEDICAL EQUIPMENT & SUPPLIES

18. DESCRIPTION OF MEDICAL EQUIPMENT OR SUPPLY		19a. PURCHASE DATE 19b. RENTAL DATE	20. USUAL CHARGE $
21. HCPCS CODE	22. QUANTITY	23a. PRESCRIBER'S NAME	23b. FL DOH LICENSE #
18. DESCRIPTION OF MEDICAL EQUIPMENT OR SUPPLY		19a. PURCHASE DATE 19b. RENTAL DATE	20. USUAL CHARGE $
21. HCPCS CODE	22. QUANTITY	23a. PRESCRIBER'S NAME	23b. FL DOH LICENSE #

SECTION 4

24. NAME OF PHARMACY OR MEDICAL SUPPLIER	25. REMITTANCE RECIPIENT'S FEIN #
26. PHYSICAL ADDRESS OF PHARMACY OR MEDICAL SUPPLIER	27. REMITTANCE ADDRESS (if different from Field 26.) Check if Same ☐
28. NAME OF PHARMACIST OR MEDICAL SUPPLIER	29. PHARMACIST'S DOH LICENSE #/ MED. SUPPLIER'S LICENSE #

FOR INSURER/CARRIER USE

30. TOTAL REIMBURSEMENT FROM SECTION 2 $	31. TOTAL REIMBURSEMENT FROM SECTION 3 $

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.