

NCPDP Universal Claim Form Sample

NCPDP UNIVERSAL CLAIM FORM (UCF)

(PERF)

CARDHOLDER NAME _____		GROUP I.D. _____	
PATIENT NAME _____		PLAN NAME _____	
OTHER COVERAGE CODE (1) _____		PERSON CODE (2) _____	
PATIENT (3) DATE OF BIRTH MM DD CCYY _____		PATIENT (4) GENDER CODE _____	
RELATIONSHIP CODE _____			
PHARMACY NAME _____			
ADDRESS _____		SERVICE PROVIDER I.D. _____	
CITY _____		PHONE NO. () _____	
STATE & ZIP CODE _____		FAX NO. () _____	
WORKERS COMP. INFORMATION EMPLOYER NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ CARRIER I.D. (6) _____ EMPLOYER PHONE NO. _____ DATE OF INJURY MM DD CCYY _____ CLAIM (7) REFERENCE I.D. _____		I have hereby read the Certification Statement on the reverse side. I hereby certify to and accept the terms thereof. I also certify that I have received 1 or 2 (please circle number) prescription(s) listed below. PATIENT / AUTHORIZED REPRESENTATIVE _____	

FOR OFFICE USE ONLY	

**ATTENTION RECIPIENT
PLEASE READ
CERTIFICATION
STATEMENT ON
REVERSE SIDE**

1

PRESCRIPTION / SERV. REF. #	QUAL (8)	DATE WRITTEN MM DD CCYY	DATE OF SERVICE MM DD CCYY	FILL#	QTY DISPENSED (9)	DAYS SUPPLY

PRODUCT / SERVICE I.D.	QUAL (10)	DAW CODE	PRIOR AUTH # SUBMITTED	PA TYPE (11)	PRESCRIBER I.D.	QUAL (12)

DUR/PPS CODES (13)	BASIS COST (14)	PROVIDER I.D.	QUAL (15)	DIAGNOSIS CODE	QUAL (16)
A B C					

OTHER PAYER DATE MM DD CCYY	OTHER PAYER I.D.	QUAL (17)	OTHER PAYER REJECT CODES	USUAL & CUST. CHARGE

2

PRESCRIPTION / SERV. REF. #	QUAL (8)	DATE WRITTEN MM DD CCYY	DATE OF SERVICE MM DD CCYY	FILL#	QTY DISPENSED (9)	DAYS SUPPLY

PRODUCT / SERVICE I.D.	QUAL (10)	DAW CODE	PRIOR AUTH # SUBMITTED	PA TYPE (11)	PRESCRIBER I.D.	QUAL (12)

DUR/PPS CODES (13)	BASIS COST (14)	PROVIDER I.D.	QUAL (15)	DIAGNOSIS CODE	QUAL (16)
A B C					

OTHER PAYER DATE MM DD CCYY	OTHER PAYER I.D.	QUAL (17)	OTHER PAYER REJECT CODES	USUAL & CUST. CHARGE

	INGREDIENT COST SUBMITTED
	DISPENSING FEE SUBMITTED
	INCENTIVE AMOUNT SUBMITTED
	OTHER AMOUNT SUBMITTED
	SALES TAX SUBMITTED
	GROSS AMOUNT DUE SUBMITTED
	PATIENT PAID AMOUNT
	OTHER PAYER AMOUNT PAID
	NET AMOUNT DUE

TYPE OR PRINT ALL INFORMATION NEATLY AND COMPLETELY IN APPROPRIATE SPACES