

Pennsylvania PDMP Universal Claim Form

*****NOTE: Paper UCF submissions should only be used by dispensers lacking internet access. Otherwise submissions should be submitted via the PDMP system as outlined in the Data submitters Guide.*****

Mail UCF Submissions:

Logicoy, Inc.

201 N. Brand Blvd

Suite 200

Glendale, CA 91203-2609

Use the template on the following page for paper UCF submissions.

Pennsylvania Universal Claim Form

Dispenser DEA #: _____

Dispenser NPI #: _____

Patient Details						
Last Name	First Name	Date Of Birth	Gender	Patient ID Number		
Street Address	City	State	Zip	Patient ID Type		
				<input type="checkbox"/> Military ID <input type="checkbox"/> SSN <input type="checkbox"/> State ID <input type="checkbox"/> Tribal ID <input type="checkbox"/> System ID <input type="checkbox"/> Other <input type="checkbox"/> Green Card <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License		
Prescriber Details						
Prescriber DEA #						

Prescription Details						
Prescription #	Date Written	Total Refills Allowed	Date Filled	Current Refill #	Payment Method	
					<input type="checkbox"/> Private Pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial Ins <input type="checkbox"/> Military/VA <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Indian Nations <input type="checkbox"/> Other	
NDC Code			Days Supply	Quantity		Dosage Units
_____ - _____ - _____						<input type="checkbox"/> Each <input type="checkbox"/> Grams <input type="checkbox"/> Milliliters