

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 PMP Clearinghouse as outlined in the Data Submission Dispenser Guide.*****

Fax UCF Submissions:

866-282-7076

Mail UCF Submissions:

Appriss, Inc.

ATTN: PA Data Collection

400 W Wilson Bridge Rd

Suite 305

Columbus, OH 43085-2259

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 |