

# Drug Claim Submission Requirements

## Receipt Must Include:

- Patient Name
- Drug Name and/or DIN
- Amount Charged

example of an official prescription receipt:

## Pharmacy Name

Phone: 519-123-4567

Address: 123 Pharmacy Road, ON, A1B 2C3

## Official Prescription Receipt

**RX: 00000000**

Date of service:  
**Friday March 10th, 2023**

### Patient, Name

Patient Address

City, Province, Postal Code

#### **Patient Name:**

*The name of the patient that was prescribed medication should be clearly visible.*

### Doctor Name

Dr. M Sloan

**Drug Name and/or DIN:** Name of the prescribed drug and/or the Drug Information Number (DIN).

Drug Name: **Example Brand**

Drug Identification Number (DIN): 000000

Days: 28

Refills: 2

Cost: \$123.44

Fee: \$11.99

**Amount Charged:** including drug cost, fees, and if applicable the amount covered by your COB carrier.

**Patient Pays: \$135.43**