Clinical Services **Clinical Services**

DeanHealthPlan. A member of SSM Health	DeanHealthPlan, A member of SSM Health
Dean Health Plan Pharmaceutical Care Program On-Line Adjudication Documentation	Dean Health Plan Pharmaceutical Care Program On-Line Adjudication Documentation
☐ Formulary Interchange Reimbursement: \$4.00 NDC: 99999-9999-32 Reimbursement: \$12.00 NDC: 99999-9999-33	□ Formulary Interchange □ Therapeutic Interchange Reimbursement: \$4.00 Reimbursement: \$12.00 NDC: 99999-9999-32 NDC: 99999-9999-33
□ Change of Dose □ Patient Compliance Monitoring Reimbursement: \$5.00 NDC: 99999-9999-34 Reimbursement: \$10.00 NDC: 99999-9999-35	□ Change of Dose □ Patient Compliance Monitoring Reimbursement: \$5.00 NDC: 99999-9999-34 Reimbursement: \$10.00 NDC: 99999-9999-35
Rx Number from original prescription:	Rx Number from original prescription:
Patient Signature:	Patient Signature:
Prescriber's Name:	Prescriber's Name:
Date of Intervention:	Date of Intervention:
Description of Intervention:	Description of Intervention:
Clinical Services	Clinical Services
Clinical Services DeanHealthPlan. A member of SSM Health	Clinical Services DeanHealthPlan, A member of SSM Health
Dean HealthPlan.	Dean HealthPlan.
Dean Health Plan Pharmaceutical Care Program	Dean Health Plan A member of SSM Health Dean Health Plan Pharmaceutical Care Program
Dean Health Plan Pharmaceutical Care Program On-Line Adjudication Documentation Formulary Interchange	DeanHealthPlan. A member of SSM Health Dean Health Plan Pharmaceutical Care Program On-Line Adjudication Documentation Formulary Interchange Reimbursement: \$4.00 Reimbursement: \$12.00
Dean Health Plan Pharmaceutical Care Program On-Line Adjudication Documentation Formulary Interchange Reimbursement: \$4.00 NDC: 99999-9999-32 Reimbursement: \$12.00 NDC: 99999-9999-33 Change of Dose Reimbursement: \$5.00 Reimbursement: \$10.00	Dean Health Plan Pharmaceutical Care Program On-Line Adjudication Documentation Formulary Interchange
Dean Health Plan Pharmaceutical Care Program On-Line Adjudication Documentation Therapeutic Interchange Reimbursement: \$4.00 NDC: 99999-9999-32 Change of Dose Reimbursement: \$5.00 NDC: 99999-9999-34 Patient Compliance Monitoring Reimbursement: \$10.00 NDC: 99999-9999-35	Dean Health Plan Pharmaceutical Care Program On-Line Adjudication Documentation Formulary Interchange Reimbursement: \$4.00 NDC: 99999-9999-32 Change of Dose Reimbursement: \$5.00 NDC: 99999-9999-34 Patient Compliance Monitoring Reimbursement: \$10.00 NDC: 99999-9999-35
Dean Health Plan Pharmaceutical Care Program On-Line Adjudication Documentation Formulary Interchange Reimbursement: \$4.00 NDC: 99999-9999-32 Change of Dose Reimbursement: \$5.00 NDC: 99999-9999-34 Reimbursement: \$10.00 NDC: 99999-9999-35 Rx Number from original prescription:	Dean Health Plan Pharmaceutical Care Program On-Line Adjudication Documentation Formulary Interchange Reimbursement: \$4.00 NDC: 99999-9999-32 Change of Dose Reimbursement: \$5.00 NDC: 99999-9999-34 Rx Number from original prescription:
Dean Health Plan Pharmaceutical Care Program On-Line Adjudication Documentation Therapeutic Interchange Reimbursement: \$4.00 NDC: 99999-9999-32 Change of Dose Reimbursement: \$5.00 NDC: 99999-9999-34 Patient Compliance Monitoring Reimbursement: \$10.00 NDC: 99999-9999-35 Rx Number from original prescription: Patient Signature:	Dean Health Plan Pharmaceutical Care Program On-Line Adjudication Documentation Formulary Interchange Reimbursement: \$4.00 NDC: 99999-9999-32 Change of Dose Reimbursement: \$5.00 NDC: 99999-9999-34 Reimbursement: \$10.00 NDC: 99999-9999-35 Rx Number from original prescription: Patient Signature: