



Pharmacy Quote Request

Date:

Client Information

Client Name:			
Phone:		Email:	

Drug Information

Drug Name:			
NDC# (if available):		Dose/Units (if applicable):	
Frequency:		Start Date Requested:	
Billed Amount:		Paid Amount:	
Pharmacy supplying medication?		PBM (if any) managing benefits?	

Payment Terms

<input type="checkbox"/> Direct Agreement	<input type="checkbox"/> PPO/Medical
<input type="checkbox"/> PBM	<input type="checkbox"/> 340B Program
<input type="checkbox"/> Specialty Pharmacy - Name:	<input type="text"/>

Place of Administration

<input type="checkbox"/> Hospital Inpatient - Name:	<input type="text"/>
<input type="checkbox"/> Specialty clinic - Name:	<input type="text"/>
<input type="checkbox"/> Physician's office - Name:	<input type="text"/>
<input type="checkbox"/> Infusion clinic - Name:	<input type="text"/>
<input type="checkbox"/> Home setting	
<input type="checkbox"/> Other	

Please use a separate form for each drug

For questions, contact LifeTrac at: 800-968-8722 | Fax: (612) 445-5681 | Email: clientmanagement@lifetracnetwork.com

NOTE: Some browsers do not support the Save or Submit features - you may need to fill out the form, print & fax