



## Prescription Order Form

Make sure to sign and date the order form. For assistance call 1-800-422-4661.  
Have your order form and 12 digit TASC ID number ready. Please print.

1. This form replaces the Letter of Medical Necessity. Use this form to be reimbursed for products and services that require physician authorization such as Over-the-Counter (OTC) medicines or drugs and other non-OTC medicine products and services.
2. Complete Section I (including your signature and the date) and Section II (Patient Name, Treatment Prescribed and Reason for Treatment) prior to visiting your Medical Practitioner.
3. Bring this form with you to your next medical appointment and request that the attending Medical Practitioner complete Section II (Instructions/Restrictions) and Section III.
4. Instruct them to follow the specific pharmacy/prescription laws in their respective state when completing the Instructions/Restrictions portion (Section II).
5. You may use the same form for each individual in your household for whom you purchase healthcare expenses, as long as the **same** Medical Practitioner is completing the form
6. TASC Card purchases of OTC medicines or drugs require a prescription from your medical practitioner. Do not use this Prescription Order Form when using your TASC Card to purchase OTC medicines or drugs. The Prescription Order Form may be used in place of a prescription for all other methods of Requests for Reimbursement (online, faxed, or mailed).
7. FlexSystem and DirectPay Participants must submit a copy of this completed form to TASC with each Request for Reimbursement (if submitting online, include a copy with your receipts and Veriflex (FlexSystem only) Cover sheet). Prescription Order Forms received without a Request for Reimbursement or Veriflex (FlexSystem only) Cover Sheet will not be processed. AgriPlanNOW and BizPlanNOW Participants should retain the completed Form for their own records.

### SECTION 1

Employer (Company) Name: \_\_\_\_\_ Participant (Employee) TASC 12-Digit ID #: \_\_\_\_\_

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*The statements on this document are complete and true, to the best of my knowledge and belief. I understand that the IRS regulates my employee benefit account and that the guidelines are implemented as a means of ensuring compliance. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests.*

### SECTION II

Patient's Name	Prescribed Treatment Products/Services	Reason for Treatment	Instruction/Restrictions (if applicable)

### SECTION III

*I hereby certify that the treatment plan(s) listed above is medically necessary to treat the ailment or medical condition listed above. This treatment plan is neither for cosmetic reasons nor for general health and well-being.*

Medical Practitioner's Name (PLEASE PRINT)

State of Prescriptive Authority

Medical Practitioner's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Effective 1/1/2011, purchases of Over-the-Counter (OTC) medicines and drugs (other than insulin) will only be reimbursable if accompanied by a prescription or Prescription Order Form from your medical practitioner. **Please note when using your TASC Card to purchase OTC medicines or drugs, a prescription is required.** The Prescription Order Form or a prescription may be used when submitting Requests for Reimbursement via online, fax or mail.

**OTC medicines or drugs that will require a prescription or Prescription Order Form AFTER Dec. 31, 2010 include the following:**

Acid Controllers	Anti-Itch & Insect Bite	Digestive Aids	Pain Relievers
Allergy & Sinus	Antiparasitic Treatments	Feminine Anti-Fungal	Respiratory Treatments
Antibiotic Products	Cough/Cold/Flu	Hemorrhoidal Medication	Sleep Aids/Sedative
Anti-Gas	Diaper Rash Ointment	Laxatives	Stomach Remedies

**OTC products that will remain eligible and need no physician authorization include the following:**

Bandages/First Aid	Contact Lens Solution	Heating Pads	Orthopedic Aids
Blood Pressure Kits	Denture Products	Hot/Cold/Steam Packs	Pregnancy/Fertility Kits
Canes & Walkers	Diabetes Testing Supplies	Incontinence Products	Splints/Supports/Braces
Condoms	Durable Medical Equip.	Insulin	Thermometers
Contact Lenses	Hearing Aid Batteries	Nebulizers	Wheelchair & Accessories

**Other products and services that require a Prescription Order Form or other physician authorization to show the expense is to treat a medical condition include the following:**

Air Purifier	Massage Therapy	Orthopedic Shoes (excess cost only)	Support Hose
Automobile Modifications	Nutritionist's Professional Fees	Special Foods (excess cost only)	Varicose Vein Treatment
Ear Plugs			Whirlpool/Spa
Exercise Equipment			Wigs

## **DEFINITIONS**

For the purposes of this form...

- 1) "Medical Practitioner" generally includes the following health professionals: physician (MD/DO), physician assistant, nurse practitioner, dentist, optometrist and podiatrist.
- 2) "Prescription Order" is any order for drugs or medical supplies signed by a licensed medical practitioner granted prescriptive authority by the laws of the state. It contains the name, strength and quantity of the medicine/product prescribed, directions for use and number of refills (if applicable).

## **RESTRICTIONS**

- The Medical Practitioner's signature may NOT be preprinted in the states of Arkansas, Connecticut, Florida, Georgia, Idaho, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, South Carolina, Tennessee, Virginia and Washington.
- Montana, Pennsylvania and South Dakota – the use of this form is prohibited; a prescription is required.