

**AlphaScrip - Pharmacy Paper Submission Guidelines****Include Duplicate Rx Label or Universal Claim Form**

AlphaScrip Group #	
AlphaScrip Coupon Id	
Patient Name	
Patient Date of Birth	
Pharmacy NCPDP	
Pharmacy NPI	
Rx # / Service #	
Date of Fill / Service Date	
Drug NDC	
Drug Description	
New / Refill	
Authorized Refills	
Quantity Dispensed	
Quantity Prescribed (controlled drug)	
Day Supply	
RX Date Written	
Prescriber Name	
Prescriber NPI	
Insured Covered or Not Covered	
Previous Payer BIN	
Previous Payer Name	
Ingredient Cost / U & C / Gross	
Patient Co-Pay / Co-Insurance	
Sales Tax (If applicable)	