

How to Bill CAP

Dr. Name: _____
 Ship to Address: _____

Expected Admin Date _____
 Tracking Number _____
 Carrier _____
 Delivery Date _____

Patient Name: _____
 Patient DOB: _____

Therapy _____
 Patient Responsibility _____

Administration _____
 Patient Responsibility _____

How to Bill

Drug Name	J-Code	J-Code Billable Units	NDC	Unique Identifier	ABN Y/N	S/I/R	Patient Resp
Prescribed Directions:							
Prescribed Directions:							
Prescribed Directions:							
Prescribed Directions:							

*S = Medication has been shipped for this administration on delivery date above
 I = Use existing CAP inventory
 R = Medication has been sent to replace non-CAP stock already used

**** Please have patient contact BioScrip @ 866-366-7915 before this administration.**