#### 1101.0 Indigent Drug Program and Exceptions

#### 1101.1 Policy Approval Clearance Record

<ul><li>☐ Rural Services Policy</li><li>☐ Mental Health Policy</li><li>☐ Developmental Services Policy</li></ul>	This policy supersedes: n/a	Number of pages in Policy: 17
Review by Representative from the	Date:	Date Policy Effective: 7/25/12
Office of the Attorney General: n/a	n/a	
Rural Services Director Approval	Date:	Policy Lead: Sally Mitchell, DON
Signature:  Barbara Legier	7/25/12	

#### 1101.2 Statement of Purpose

- **Policy Statement:** Rural Services Mental Health Outpatient Centers will establish the qualifying criteria and procedures for participation in the indigent drug program and requirements for laboratory and EKG testing.
- **1101.2.2 Purpose:** To provide for the purchase of psychiatric medications, laboratory testing services, and EKGs for those consumers who meet the indigent program criteria or pre-approved exceptions.

#### 1101.3 Authority

NRS 428, 433, 439B, 639 NAC 449.74351, 449.74353, 449.74375 MHDS Policies 3.004 and 3.1009

#### 1101.4 Procedures

#### 1101.4.1 Procedures and Qualifications for the Indigent Program:

- **A.** To qualify for the indigent drug program, the consumer must have:
  - 1. No access to a prescription program.
  - 2. Proof of income and letters from Medicaid, Medicare, Veteran's Administration, or private insurance providers stating the consumer is either ineligible or has exhausted benefits for the provision of prescription medications, laboratory tests or EKG services. This information must be updated at least annually or if there is a change in the income or household size. All documentation is to be filed in the medical file by the designated center staff.
  - **3.** An income that falls at or below the poverty level associated with his/her family size (household) as established by the most current Federal Register Poverty Guidelines.
- **B.** The following indigent pre-approval forms will be filled out by the nurse or designated center staff and faxed/emailed to the Director of Nursing (DON) or designee for pre-approval before indigent medications and/or laboratory/EKG testing can be ordered within two working days.

#### 1. FOR MEDICATIONS:

- Worksheet to Establish Financial Eligibility for Indigent and Exceptions Program Medications and Laboratory Costs (Attachment RS1101A).
- All signed indigent program forms, approved or denied, will be returned to the
  designated nurse or center staff, within two (2) working days. These forms are
  filed in the consumer's medical file by the designated center staff. Approved or
  denied indigent program forms are kept on file by the DON and Fiscal staff.
- Approved indigent medications are ordered from the NNAMHS Pharmacy.

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A progress note will be entered into the electronic record and MAR, within one (1)
working day, indicating that indigent medications were ordered by the nurse or
designated staff.

#### 2. FOR LABORATORY AND EKG

- Worksheet to Establish Financial Eligibility for Indigent and Exceptions Program Medications and Laboratory Costs (Attachment RS1101A);
- Indigent and Exceptions Laboratory Request (Attachment RS1101B); and
- A copy of a completed laboratory/EKG medical provider order form (see sample provided as Attachment RS1101C)
- A file with approved or denied indigent program forms and purchase orders are kept by the DON and Fiscal staff.
- All signed indigent program forms, approved or denied, will be returned to the
  designated nurse or center staff within two (2) working days. These forms are
  filed in the consumer medical file, by the designated center staff. For the approved
  Purchase Order and completed test order form copy are then immediately
  forwarded by the designated administration staff to the Accounts Payable
  designee. The Fiscal designee will issue the Purchase Order for laboratory tests
  and/or EKGs within two (2) working days.
- Every effort should be made to obtain recent laboratory test results that may have been ordered by the consumer's primary care physician or outside medical provider or hospitalization. This will prevent duplication of services and conserves funds.
- A yellow sticker, with the approved purchase order date and laboratory invoice number completed, will be applied to the approved laboratory and/or EKG testing forms by the nurse or designated staff. These are then given to the consumer. The consumer will be advised by the nurse or designee he/she has 45 days, from the date on the yellow sticker to complete the testing at a designated medical testing facility. After 45 days, the Purchase Order expires.
- A progress note will be entered into the electronic record and MAR, within one (1) working day, indicating that the laboratory/EKG forms were completed and given to the consumer, along with instructions for completion and expiration date.

#### 1101.4.2 Exceptions for the Indigent Program

- **A.** Exceptions can be made for those consumers who do not qualify for the indigent program, due to limited income, family size, and/or circumstances.
- **B.** Exceptions will be made on a case by case basis.
- **C.** An explanation regarding the hardship, if eligible for Medicaid, Medicare, VA benefits private insurance must be provided on the Exceptions Reguest (Attachment RS1101D).
- **D.** Exceptions for participation in the indigent program must be pre-authorized by the DON or designee.
- E. To request an Exception for Non-Indigent Medications and/or Laboratory Tests, the following will must be completed.

#### 1. FOR MEDICATIONS

- Worksheet To Establish Financial Eligibility For Indigent and Exceptions Program

   Medications and Laboratory Costs (Attachment RS1101A)
- Exceptions Request For Non-Indigent Medications Or Laboratory Tests (Attachment RS1101D)

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#### 2. FOR LABORATORY AND/OR EKG

- Worksheet To Establish Financial Eligibility for Indigent and Exceptions Program Medications and Laboratory Costs (Attachment RS1101A);
- Indigent and Exceptions Laboratory Request(Attachment RS1101B);
- Copy of a completed laboratory/EKG medical provider order form (Attachment RS1101C); and
- Exceptions Request For Non-Indigent Medications or Laboratory Tests(Attachment RS1101D)
- **F.** Approved or denied forms will be returned to the designated nurse or center staff within two (2) working days; and filed in the consumer's medical file.
- **G.** A progress note will be entered in the electronic medical record within one (1) working day, explaining the need for the exception request by the nurse or designated staff.
- **H.** A progress note will be entered in the electronic medical record and MAR within one (1) working day indicating that approved exceptions medications were ordered, and/or approved exception laboratory/EKG forms were given to the consumer with instructions for completion within the 45-day time frame, by the nurse or designated staff.
- One-Time Emergency Medications One time emergency medications are for a consumer who has an emergency need for medications and where it has been determined that it will be detrimental for the consumer's health and welfare to wait several days for such medications from the NNMAHS pharmacy.
  - **A.** Emergency medications of one week's supply will be approved on a case by case basis and must be pre-authorized by the DON and or designee.
  - **B.** To request emergency medications, the following must be completed:
    - 1. One Time Emergency Medication Request (Attachment RS1101E)
    - 2. A phone call or email to the DON or designee stating an emergency purchase of medication is required to allow for immediate action.
  - **C.** Approved or denied forms will be returned to the designated nurse or center staff immediately. These forms will be filed in the consumer's medical file by the designated center staff.
  - **D.** Approved or denied emergency medication forms are kept on file by the DON or designee.
  - **E.** Emergency medication will be filled in the local rural community the same day as approved.
  - **F.** A progress note will be entered in the electronic medical record immediately explaining the circumstances for the emergency medications by the designated center staff. Included in this note is an explanation of whether the emergency medications were approved or denied.
  - **G.** A progress note will be entered in the electronic medical record and MAR immediately by the designated center staff indicating that the approved medications were ordered from a local pharmacy for the consumer's immediate pickup.
  - **H.** Fiscal will expedite an emergency purchase order on the same day unless received at or near the close of business.
  - I. If Fiscal is unable to accomplish the purchase order process in the same day, the procurement card can be utilized to obtain emergency medication. The commercial card is not intended to avoid or bypass the agency's purchasing or payment procedure.

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#### 1101.4.4 Timelines

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Approve or deny indigent, or exceptions forms and Purchase Orders	2 working days	Upon arrival at Admin	Nurse, DON, Fiscal	Nurse to fax completed paperwork to Admin Approve or deny indigent or exceptions forms, Purchase Order issued, and fax approval back to Centers.
1101.5.1.A				
1101.5.2.B				
1101.5.2.C				
1101.5.2.D				
Lab work or EKGs completed from time Purchase Order is approved.	45 days	Upon arrival at MH Center	Nurse	Approved Purchase Orders from Fiscal and DON are received at MH Center.
Emergency One Time	Immediately	Upon arrival at Admin	DON or designee	Nurse or designee to fax or email completed paperwork to Admin.
Medications Form				Approve or deny emergency form, and fax approval or denial form back to the Center.
1101.5.2.E				approval of definal form back to the Center.
Emergency One- Time Medications	Immediately	Upon arrival at MH Center	Nurse or designated center staff	Order emergency medications.

#### 1101.5.5 Documentation

#### A. Case File Documentation (paper):

File Location	Data Required
Approved or Denied Indigent, exceptions, and emergency medication request forms,.	Attachments RS1101A through RS1101E

#### B. AVATAR/DSNEXT Documentation (electronic):

Applicable Screen	Data Required
Progress Note	If indigent , exceptions and/or emergency medications were requested, approved or denied and circumstances

**Supervisory Responsibilities:** Supervisors will provide in-service training to ensure all staff understands the requirements of this policy and its procedures. Supervisors will revisit this policy periodically, but no less than annually to identify recommendations for improvement.

#### 1101.7 Policy Cross Reference

MHDS Policy 4.032, Laboratory Protocols

MHDS Policy 4.033, Laboratory Reporting

MHDS Policy 4.055, Reusing Prescription Drugs that are Dispensed to, but not used by, a Patient

MHDS Policy 4.077, Reissuance of Certain Prescriptions Returned to Pharmacy

MHDS Policy 4.078, Generation of Medication Savings

Rural Services Policy 3.2012, Recycling of Scholarship Medications/Patient Assistance Program Medications

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	Rural Services Policy 432, Commercial Card Program Policy
	Rural Services Policy 902, Referral to Primary Care Physician
1101.8	Attachments
1101.8.1	<b>RS1101A</b> , Worksheet to Establish Financial Eligibility for Indigent and Exceptions Program – Medications and Laboratory Costs
1101.8.2	RS1101B, Indigent and Exceptions Laboratory Request
1101.8.3	RS1101C, Sample Labcorp Order Form
1101.8.4	RS1101D, Exceptions Request for Non-Indigent Medications or Laboratory Tests
1101.8.5	RS1101E, One Time Emergency Indigent and Exceptions Medication Request

Rural Services Policy 3.2013, Quarterly Medication and Medical Supply Audit

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ATTACHMENT 1101.6.1
RS1101A
WORKSHEET TO ESTABLISH
FINANCIAL ELIGIBILITY FOR
INDIGENT AND EXCEPTIONS PROGRAM
MEDICATIONS AND LABORATORY COSTS

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#### WORKSHEET TO ESTABLISH FINANCIAL ELIGIBILITY FOR INDIGENT AND NON-INDIGENT EXCEPTIONS PROGRAM – MEDICATIONS AND LABORATORY COSTS

Centers must obtain an approval from Administration before opening a Pharmacy Episode in AVATAR and before a Purchase Order approval will be given. Administration will work to process these approvals within 24 hours.

Consumer's Name:		Date:	
AVATAR #:			
1) Check all that apply:			
☐ Eligible for Scholarships (PAP) and	l applications	initiated? Date;	
$\square$ Yes or No Samples available for	use		
$\hfill \square$ Neither of the above (Does not qua	lify for PAP's	):	
☐ Emergency Purchase Order (includ	le Indigent Me	edication(s) Purchase or	der form.
List Guarantor (s):	Financial In	vestigation:	
	Date:		
	Responsible P	arty Income:	# OF Dep.:
	Income Verific	ation: (reliable or estimate)	
	<ul> <li>Medication</li> <li>Medication</li> <li>Lab(s) Only</li> <li>Medication</li> <li>EKG</li> </ul>		e order.
List Medication(s)	Α	pproval Status or Limitat	tions
		☐ 1-year approval	
		☐ 90-day approval	
		☐ Denied	
		☐ 1-year approval	
		☐ 90-day approval	
		☐ Denied	
		☐ 1-year approval	
		☐ 90-day approval	
		☐ Denied	
		☐ 1-year approval	
		☐ 90-day approval	
		☐ Denied	

Circle the letter next to the category that establishes the consumer as eligible for the indigent program in compliance with Division Policy #4.078.

- a. Has no access to a prescription program through a private company, Medicaid or Medicare. (The guarantor list will indicate Consumer Direct Fee or Donated Services if the consumer does not have insurance.)
- b. Has provided proof of income, letters of ineligibility for other programs such a Medicaid or VA. (This information must be verified and updated annually.)

#### And:

c. Has an income that falls below the poverty level associated with their family size and established by the current Federal Register Poverty Guidelines.

2012 Poverty Guidelines for the 48 Contiguous States and the District of Columbia						
Persons in family/household	Poverty guideline					
1	\$11,170					
2	15,130					
3	19,090					
4	23,050					
5	27,010					
6	30,970					
7	34,930					
8 38,890						
For families/households with more add \$3,960 for each additional pe	•					

**SOURCE:** The following figures are the 2012 HHS poverty guidelines that are scheduled to be published in the *Federal Register* on January 26, 2012. These will be updated annually.

After completing the requested information, please fax the worksheet to (775) 687- 5745 for approval.

Approved / Disapproved	
Registered Nurse (or Designee)	Date
Or:	
D: ( D : )	
Director of Nursing (or Designee)	Date

## ATTACHMENT 1101.6.2 RS1101B INDIGENT AND EXCEPTIONS LABORATORY REQUEST

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PURCHASE ORDER #
EXPIRATION DATE
(15 DAVS)

#### RURAL CLINICS COMMUNITY MENTAL HEALTH CENTERS INDIGENT LABORATORY REQUEST

Autl	norization for payment to:									
loca	ited in					, Nevada				
Tod	ay's Date:		Date(s) to be drawn:							
Con	sumer name:			DOB:						
Add	ress:			Zip:						
Pres	scribing physician:			Phone:						
I ab	oratory test:									
Lub	CBC	005009	\$3.68	Glucose	001818	\$2.10				
	Comp Metabolic Panel	322000	\$5.25	Valproic Acid (Depakote)	007260	\$4.20				
	Tegretol level	007419	\$9.45	Lab Draw Fee		\$6.30				
	Dilantin level	007401	\$9.45	Lipid Panel	303756	\$6.30				
	Lithium level	007708	\$7.35	Free T4	019745	\$5.25				
	Thyroid Panel	000455	\$6.30	UDS	733607	\$13.65				
	TSH	004259	\$9.45	Urinalysis	003038	\$2.63				
	T4	001149	\$4.20	Pregnancy Test	004556	\$6.30				
	T3	001156	\$4.20	BUN	001040	1.50				
	Hemoglobin A 1c	001453	\$6.30	Hepatic Panel	322755	5.25				
	INR/Protime	005199	\$3.68	Creatinine	001362	4.73				
	PTT	005207	\$6.30	EKG		\$60.00				
Con date	nmunity Mental Health Center es require separate authorizat	s. This authori	zation is for	the Indigent and Exceptions Drug providing only the test(s) indicated Purchase order number	d above. Any oth	ner tests o				
Oth	er: \$			Explain:						
Tota	al: \$									
Plea	se indicate the total cost abo	ve and fax this	form to the	Business Office: (775) 687-5745						
You	r fax number:									
Rur 166	ng instructions: All billings s al Services 5 Old Hot Springs Road, Ste. son City, NV 89703		to the Admir	nistrative Office located at:						
Autl	norized by:									
Clin	ic:									
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#### ATTACHMENT 1101.6.3 RS1101C SAMPLE OF LABCORP ORDER FORM

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LabCorp  Carson Mental Healt  Nevada Mental Healt  1665 Old Hotsprings  To find the nearest patient Carson City				Health	r	I	☐ Fax ☐ Call ☐ Chent Number/Phy ☐ Mail ☐ Physician's Address			Phone/Fax Number City, State, 2ip	0800	
service center, visit www. 175-687-4195 NUR labcorp.com or call 888-LABCORP (888-522-2677). 27130171-7						1			DCG271			130171
CIRCLE ONE												Tec. 194
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0.5500.0	- 500			NPI	UPIN		Physicia	an's ID#	Patient's S	SS#	Pat	ient's ID#
03	[ ] I	ACCOUNT BILL	Physician's N	Name (Last, Fir	st) x.	10 -1 10 March 100 100 100	n's Signature	Hospital Patient	Status:   1	n-Patient	☐ Out-Patient	☐ Non-Patient
05		PATIENT BILL MEDICARE	Diagnosis/Sk	gns/Symptom	in ICD-9 Format (Highest S			Patient's Addre	ess		Phone	
WU YT		MEDICAID Insurance		DE	0 11 1	DE	h	City			State	ZIP
_			PRIMA	RY BILLING	PARTY SECO	NDARY BILL	INC PARTY	Name of Policy	Holder (if diff	erent from pa	atient)	
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-			ID#		ID#			City			State	ZIP
			Group #		Group #		1.8					
			Insurance Add	dress	Insurance	Address		hereby authorize the release agree to assume responsib	of medical information wilty for payment of o	charges for laborator	ry services that are not cov	vered by my healthcare ins
			Name of Insu	red Person	Name of In	sured Person		Patient's Signature		- 40		Date
			Relationship t	to Patient	Relationshi	p to Patient		MED	ICARE ADVA	NCE BENEF	ICIARY NOTICE (	(ABN)
F	Tests	s ordered	Employer Nar		Employer N			Refer to	Determining 1	Necessity of A	ABN Completion or	n reverse.
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322 322 322 303 322 303 235 221	ORC Se 2744 2758 2000 2754 2755 3756 5010 010	GAN OR DISEASE PAN ee reverse for compone Acute Hepatitis Panel Basic Metabolic Panel (8) Comp Metabolic Panel (1) Electrolyte Panel Hepatic Function Panel (1) Lipid Panel Lipid Panel w/LDL/HDL Rat Lipid Panel w/TC:HDL Rate	NON LABCORE 1 999289  IELS Ints 80074 GEL 80048 GEL 4) 80053 GEL 80051 GEL 80061 GEL 80061 GEL 10 80061 GEL	ALPHABE 001040 006627 120766 001016 007419 002139 001065 001370 007385	BDER CHART ORDER 150 998261 TICAL/COMBINATION TES BUN C-Reactive Protein (CRP), Quant hsCardiac C-Reactive Protein (CRP) Calcium Carbamazepine (Tegretol*) CEA Cholesterol, Total Creatinine Digoxin (Lanoxin*)	### ANDWITTEN   1998272   1998272   15 CON'T   84520 GEL   86140 GEL   86141 GEL   82310 GEL   80156 SEP   82378 GEL   82465 GEL   82565 GEL   80162 G	24 HR TUV 959283 ALPHABE 361946 007708 001537 006189 884247 007823 007401 001024 001180	PST/PSC   ETICAL/COMBINATION TE Lipid Cascade Lithium (Eskalith ) Magnesium Mononucleosis Test, Qual NMR LipoProfile Phenobarbital (Luminal ) Phenytoin (Dilantin ) Phosphorus Potassium	STS CON'T  (GE) NMB  80178 GE)  83735 GE)  86308 GE)  8774 NMB  80184 SEB  80185 SEB  84100 GE)  84132 GE)	ALPHAB 003038 081950 MICE ENDOCE OTHER 008649 183194	ETICAL/COMBINA  Urinalysis Min  Vitamin D, 25-H  OBIOLOGY See F  RVICAL THROAT  URETHRA  Aerobic Bacterial  CT/NG, NAA  Fungus Culture  Genital Culture, F  Gram Stain	TION TESTS CON Croscopic B1003 Hydroxy 82306 QURINE URINE LINDICATE SOUP 67491 87591 Routine † 87070 87205
322 322 322 303 322 303 235 221 343	ORC Se 2744 2758 2000 2754 2755 3756 5010	GAN OR DISEASE PAN ee reverse for compone Acute Hepatitis Panel Basic Metabolic Panel (8) Comp Metabolic Panel (1) Electrolyte Panel Hepatic Function Panel (7) Lipid Panel Lipid Panel w/LDL/HDL Rati Lipid Panel w/Ron-HDL Choleste Renal Function Panel	NON LABCORE 1 999289  IELS Ints 80074 GEL 80048 GEL 4) 80053 GEL 80051 GEL 80061 GEL 80061 GEL 10 80061 GEL	ALPHABE 001040 006627 120766 001016 007419 002139 001065 001370 007385 004515	BOBEN CHART ORDER 150 998261 TICAL/COMBINATION TES BUN C-Reactive Protein (CRP), Quant hsCardiac C-Reactive Protein (CRP) Calcium Carbamazepine (Tegretof) CEA Cholesterol, Total Creatinine Digoxin (Lanoxin) Estradiol	### AND WRITTEN   998272   175 CON'T   84520 GEL   86140 GEL   82310 GEL   82378 GEL   82465 GEL   82565 GEL   82670 GEL   826	ALPHABE 361946 007708 001537 006189 884247 007823 007401 001024	PST/PSC   ETICAL/COMBINATION TE Lipid Cascade Lithium (Eskalith Magnesium Mononucleosis Test, Qual NMR LipoProfile Phenobarbital (Luminal Phenytoin (Dilantin Phosphorus Potassium Prolactin	80178 GEL NMB 80178 GEL 83735 GEL 86308 GEL 8374 NMB 80184 SEB 80185 SEB 84100 GEL	ALPHAB 003038 081950  MICE □ ENDOCE □ STOOL 0THER 008649 183194 008482 008334 008540 188128	ETICAL/COMBINA  Urinalysis Min on on one of the original ori	ATION TESTS CON Croscopic B1003 Alydroxy 82306 Reverse Side D URINE BL INDICATE SOUF S7491 87101 Routine † 87070 B7205 Routine † 87070 B7205 Routine † 87070 B7205 Routine † 87070 B7205 B7205 Routine † 87070 B7205 B7205 B7205
322 322 322 303 322 303 235 221 343 322	ORC Se 2744 2758 2000 2754 2755 2756 2010 2010 2925 2777	GAN OR DISEASE PAN ee reverse for compone Acute Hepatitis Panel Basic Metabolic Panel (8) Comp Metabolic Panel (1) Electrolyte Panel Hepatic Function Panel (7) Lipid Panel Lipid Panel w/LDL/HDL Rati Lipid Panel w/Ron-HDL Choleste	NON LABCORI 1999/39  JELS  INTS  80074 GEL  80048 GEL  4) 80053 GEL  80051 GEL  80061 GEL  60 80061 GEL	ALPHABE 001040 006627 120766 001016 007419 002139 001065 001370 007385	BDER CHART ORDER 150 998261 TICAL/COMBINATION TES BUN C-Reactive Protein (CRP), Quant hsCardiac C-Reactive Protein (CRP) Calcium Carbamazepine (Tegretol*) CEA Cholesterol, Total Creatinine Digoxin (Lanoxin*)	### ANDWITTEN   1998272   1998272   15 CON'T   84520 GEL   86140 GEL   86141 GEL   82310 GEL   80156 SEP   82378 GEL   82465 GEL   82565 GEL   80162 G	ALPHABE 361946 007708 001537 006189 884247 007823 007401 001024 001180 004465 010322 480947	PST/PSC   ETICAL/COMBINATION TE Lipid Cascade Lithium (Eskalith ) Magnesium Mononucleosis Test, Qual NMR LipoProfile Phenobarbital (Luminal ) Phenytoin (Dilantin ) Phosphorus Potassium Prolactin	STS CON'T  (EE) MMP  80178 (EE)  83735 (EE)  86308 (EE)  89061 (MP  85774 (MP  80184 (SER)  80185 (SER)  84100 (EE)  84132 (EE)  84146 (EE)  63/(G0103 (EE)  6 84155 (EE)	ALPHAB 003038 081950 MICE □ ENDOCE □ STOOL 07HER 008649 183194 008482 008334 008540	ETICAL/COMBINA  Urinalysis Min  Vitamin D, 25-H  OBIOLOGY See F  RVICAL THROAT  URETHRA  Aerobic Bacterial  CT/NG, NAA  Fungus Culture  Genital Culture, F  Gram Stain	ATION TESTS CON Croscopic B1003  Aydroxy 82306  Reverse Side  URINE BL INDICATE SOUF  Culture † 87070  67491  87101  87010  87205  colonization 87207  NA Probe 87070  y Culture† 87070
322 322 322 303 322 303 235 221 343 322	ORC Se 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	GAN OR DISEASE PAN ee reverse for compone Acute Hepatitis Panel Basic Metabolic Panel (8) Comp Metabolic Panel (1) Electrolyte Panel Hepatic Function Panel (7) Lipid Panel Lipid Panel w/LDL/HDL Rati Lipid Panel w/Ron-HDL Choleste Renal Function Panel HEMATOLOGY CBC w Diff w Plt CBC w Diff w/o Plt	NON LABCORI 1999239  JELS  nts  80074 GEL  80048 GEL  4) 80053 GEL  80051 GEL  80061 GEL  60 80061 GEL	ALPHABE  001040  006627  120766  001016  007419  002139  001065  001370  007385  004515  004598  028480  001958	ROBER CHART ORDER 1-150 998261 TICAL/COMBINATION TES BUN C-Reactive Protein (CRP), Quant InsCardiac C-Reactive Protein (CRP) Calcium Carbamazepine (Tegretol ) CEA Cholesterol, Total Creatinine Digoxin (Lanoxin ) Estradiol Ferritin FSH and LH See reverse GGT	### AND WIND TEN   998272   15 CON'T   84520 GE  86140 GE  86141 GE  82310 GE  82378 GE  82465 GE  82465 GE  82670 GE  82728 GE  82907 GE  82977 GE	ALPHABE 361946 007708 001537 006189 884247 007823 007401 001024 001180 004465 010322 480947 005199	PST/PSC #  ETICAL/COMBINATION TE Lipid Cascade reverse Lithium (Eskalith ) Magnesium Mononucleosis Test, Qual NMR LipoProfile Phenobarbital (Luminal ) Phenytoin (Dilantin ) Phosphorus Potassium Prolactin PSA 8415 PSA, Free: Total Ratio Prothrombin Time (PT)/INR	STS CON'T  (GE) NMB  80178 GE)  83735 GE)  86308 GE)  80184 SEB  80185 SEB  84100 GE)  84132 GE)  84146 GE)  83760103 GE)  * Mais GE)  85610 BU)	ALPHAB 003038 081950  MICE □ ENDOCE □ STOOL 0THER 008649 183194 008482 008334 008540 188128 180810 182949 008623	ETICAL/COMBINA  Urinalysis Min on Vitamin D, 25-h  OBIOLOGY See F  RVICAL THROAT  Aerobic Bacterial  CT/NG, NAA  Fungus Culture, F  Gram Stain  Group B Strep C, Detection Cult/Di  Lower Respirator  Occult Blood, F-  Ova and Para	TION TESTS CON Croscopic All Mydroxy  82306  Reverse Side  URINE AL INDICATE SOUP  Culture†  87070  87011  87011  87010  87205  clonization NA Probe  87070  97 Culture†  87070  87070  97 Culture†  87070  87070  987070
322 322 322 303 322 303 235 221 343 322 005 115	ORC Se 2744 2758 2000 2754 2755 2756 2010 2010 2925 2777 2009 2907 2142	GAN OR DISEASE PAN ee reverse for compone Acute Hepatitis Panel Basic Metabolic Panel (1) Electrolyte Panel Hepatic Function Panel (2) Lipid Panel Lipid Panel w/LDL/HDL Rati Lipid Panel w/RON-HDL Choleste Renal Function Panel HEMATOLOGY CBC w Diff w Plt	NON LABCON 1998289  IELS  80074 (GE) 80048 (GE) 4) 80053 (GE) 80051 (GE) 80061 (GE) 80061 (GE) 10 80061 (GE)	ALPHABE 001040 006627 120766 001016 007419 002139 001065 001370 007385 004515 004598 028480	RDER CHART ORDER 1-150 S98261 TICAL/COMBINATION TES BUN C-Reactive Protein (CRP), Quant hsCardiac C-Reactive Protein (CRP) Calcium Carbamazepine (Tegrelof) CEA Cholesterol, Total Creatinine Digoxin (Lanoxin) Estradiol Ferritin FSH and LH	### AND WIND TEN IN 1988 272	ALPHABE 361946 007708 001537 006189 884247 007823 007401 001024 001180 004465 010322 480947	PST/PSC   ETICAL/COMBINATION TE Lipid Cascade reverse Lithium (Eskalith ) Magnesium Mononucleosis Test, Qual NMR LipoProfile Phenobarbital (Luminal ) Phenytoin (Dilantin ) Phosphorus Potassium Prolactin PSA 8415 PSA, Free: Total Ratio	STS CON'T  (EE) MMP  80178 (EE)  83735 (EE)  86308 (EE)  89061 (MP  85774 (MP  80184 (SER)  80185 (SER)  84100 (EE)  84132 (EE)  84146 (EE)  63/(G0103 (EE)  6 84155 (EE)	ALPHAB 003038 081950  MICE □ ENDOCE □ STOOL 0THER 008649 183194 008482 008334 008540 188128 180810 182949	ETICAL/COMBINA  Urinalysis Min on Vitamin D, 25-h  OBIOLOGY See F  RVICAL THROAT  Aerobic Bacterial  CT/NG, NAA  Fungus Culture, F  Gram Stain  Group 8 Strep C, Detection Culture  Lower Respirator  Occult Blood, F-  Ova and Para  Stool Culture	ATION TESTS CON  Croscopic  B1003  Aydroxy 82306  Reverse Side  URINE  AL INDICATE SOUF  Culture† 87070  87201  87101  87205  colonization NA Probe  87199  y Culture† 87070  ecal, IA 82274  it sites  87046, 87427
322 322 322 303 322 303 235 221 343 322 005 005	ORC Sec. 2744 2758 2000 2754 2755 2756 2010 2010 2925 2777 2009 2907 2142 2017 2058 2058 2058 2058 2058 2058 2058 2058	GAN OR DISEASE PAN ee reverse for compone Acute Hepatitis Panel Basic Metabolic Panel (1) Electrolyte Panel Hepatic Function Panel (2) Lipid Panel Lipid Panel Lipid Panel w/LDL/HDL Rati Lipid Panel w/Ron-HDL Choleste Renal Function Panel HEMATOLOGY CBC w Diff w Plt CBC w/o Diff w/o Plt LCBC w/o Diff w/o Plt Hematocrit	NON LABCORI 1999239  JELS Ints  80074 GEL 80048 GEL 4) 80053 GEL 80051 GEL 80061 GEL 60 80061 GE	ALPHABE  001040  006627  120766  001016  007419  002139  001065  001370  007385  004515  004598  028480  001958  001818  001032  004556	ROER CHART ORDER 150 998761  TICAL/COMBINATION TES  BUN  C-Reactive Protein (CRP), Quant InsCardiac C-Reactive Protein (CRP)  Calcium  Carbarnazepine (Tegretol*)  CEA  Cholesterol, Total  Creatinine  Digoxin (Lanoxin*)  Estratiol  Ferritin  FSH and LH  See reverse  GGT  Glucose, Plasma  Glucose, Serum  ICS Bels Subnut, Oxal (Serum Pregnany)	### AND WRITTEN   998272   15 CON'T   84520   GEL   86140   GEL   86141   GEL   82310   GEL   82378   GEL   82465   GEL   82565   GEL   82565   GEL   82670   GEL   82977   GEL   82947   GEL   82947   GEL   82947   GEL   84703   GEL	ALPHABE 361946 007708 001537 006189 884247 007823 007401 001024 001180 004465 010322 480947 005199 020321 005207 006502	PST/PSC *  ETICAL/COMBINATION TE Lipid Cascade reverse Lithium (Eskalith ) Magnesium Mononucleosis Test, Qual NMR LipoProfile Phenobarbital (Luminal ) Phenytoin (Dilantin ) Phosphorus Potassium Prolactin PSA 8415 PSA, Free: Total Ratio Prothrombin Time (PT)/INR PT and PTT Activated PTT Activated Rheumatoid Arthrits Factor	STS CON'T  (GE) MMP  80178 GE)  83735 GE)  86308 GE)  80184 GEP  80185 GEP  84100 GE)  84146 GE)  84146 GE)  85730 (BL)  85730 (BL)  85730 (BL)  86431 GE)	ALPHAB 003038 081950  MICE □ ENDOCE □ STOOL 0THER 008649 183194 008482 008334 008540 188128 180810 182949 008623 008144 008169 008342	ETICAL/COMBINA  Urinalysis Min on Vitamin D, 25-H  OBIOLOGY See F  RVICAL THROAT  Aerobic Bacterial  CT/NG, NAA  Fungus Culture, F  Gram Stain  Group B Strep C, Detection Culture  Lower Respirator  Occult Blood, F  Ova and Para  Stool Culture  Throat, Beta-Hen  Strep Cult, Group  Upper Respirator  Rouline	ATION TESTS CON Croscopic Positives 81003  Alydroxy 82306  Reverse Side  URINE AL INDICATE SOUF  Culture † 87070  87091  87101  87010  87091  87101  87205  cloionization NA Probe 87149  y Culture† 87070  ecal, IA 82274  sites 87177  condytic 87046, 87427  modytic 87081  y Culture, †87070
322 322 322 303 323 323 323 323 323 323	ORC Se 2744 2758 27000 2754 2755 3756 3010 3010 3925 2777 3009 3907 3142 3017 3058 3041	GAN OR DISEASE PAN ee reverse for compone Acute Hepatitis Panel Basic Metabolic Panel (1) Electrolyte Panel Hepatic Function Panel (1) Lipid Panel Lipid Panel Lipid Panel w/TC:HDL Rati Lipid Panel w/TC:HDL Rati Lipid Panel w/TC:HDL Rati Lipid Panel Function Panel Component Panel Lipid Panel w/TC:HDL Rati Lipid Panel w/TC:HDL Rat	NON LABCORE 1998/239  JELS  1998/239  JELS  1015  80074 GEL 80048 GEL 80051 GEL 80051 GEL 80061	ALPHABE  001040  006627  120766  001016  007419  002139  001065  001370  007385  004515  004598  028480  001958  001818  001032  004556  004416	ROER CHART ORDER 150 998261  TICAL/COMBINATION TES  BUN  C-Reactive Protein (CRP), Quant hsCardiac C-Reactive Protein (CRP)  Calcium  Carbarnazepine (Tegretol*)  CEA  Cholesterol, Total  Creatinine  Digoxin (Lanoxin*) Estradiol Ferritin FSH and LH FSH and LH GGT  Glucose, Plasma  Glucose, Serum hCS, Beta Subunit, Qual (Serum Progracy) hCG, Beta Subunit, Qual (Serum Progracy)	### AND VIDIT TEN   998772   15 CON'T   84520 GEL   86140 GEL   86141 GEL   82310 GEL   82310 GEL   82378 GEL   82565 GEL   82565 GEL   82670 GEL   82670 GEL   82977 GEL   82947 GEL   82947 GEL   84703 GEL   84702 GEL   84	ALPHABE 361946 007708 001537 006189 884247 007823 007401 001024 001180 004465 010322 480947 005199 020321 005207	PST/PSC *  ETICAL/COMBINATION TE Lipid Cascade Feverse Lithium (Eskalith ) Magnesium Mononucleosis Test, Qual NMR LipoProfile Phenobarbital (Luminal ) Phenytoin (Dilantin ) Phosphorus Potassium Prolactin PSA 8415 PSA, Free: Total Ratio Prothrombin Time (PT)/INR PT and PTT Activated PTT Activated Rheumatoid Arthritis Factor RPR	STS CON'T  (GE) MMP  80178 GE)  83735 GE)  86308 GE)  8096 NMP  80184 GEP  80185 GEP  84100 GE)  84146 GE)  837(30103 GE)  ** B4154 GEP  85730 BLU  85730 BLU  86431 GE)  86592 GE	ALPHAB 003038 081950  MICE □ ENDOCE □ STOOL 0THER 008649 183194 008482 008334 008540 188128 180810 182949 008623 008144 008169 008342 008847	ETICAL/COMBINA  Urinalysis Min  Vitamin D, 25-I  OBIOLOGY See F  RVICAL THROAT  Aerobic Bacterial  CT/NG, NAA  Fungus Culture, F  Gram Stain  Group 8 Strep C,  Detection Culture  Lower Respirator  Occult Blood, Fi  Ova and Para  Stool Culture  Throat, Beta-Hen  Strep Cult, Group  Upper Respirator  Rouline  Urine Culture, R	ATION TESTS CON  Croscopic  B1003  Alydroxy 82306  Reverse Side  URINE  BL INDICATE SOUF  Culture† 87070  87201  87101  Routine† 87070  87205  colonization  NA Probe  87149  y Culture† 87070  ecal, IA 82274  thisties  87177  roolytic  7004, 87427  roolytic  7004, 87427  roolytic  7004, 87046, 87427  roolytic  7004, 87046, 87427  roolytic  7004, 87060  70081
322 322 322 303 322 303 235 221 343 322 005 005 005	ORC Se 2744 2758 2700 27755 2775 2775 2777 2777 2777 277	GOMPONENTS OF TEAT VERIPUNCTURE 198074	NON LABCON 1998289  IELS  80074 (GE) 80048 (GE) 4) 80053 (GE) 80051 (GE) 80061 (GE)	ALPHABE  001040  006627  120766  001016  007419  002139  001065  001370  007385  004515  004598  028480  001958  001818  001032  004556	ROER CHART ORDER 150 998761  TICAL/COMBINATION TES  BUN  C-Reactive Protein (CRP), Quant InsCardiac C-Reactive Protein (CRP)  Calcium  Carbarnazepine (Tegretol*)  CEA  Cholesterol, Total  Creatinine  Digoxin (Lanoxin*)  Estratiol  Ferritin  FSH and LH  See reverse  GGT  Glucose, Plasma  Glucose, Serum  ICS Bels Subnut, Oxal (Serum Pregnany)	### AND WRITTEN   998272   15 CON'T   84520   GEL   86140   GEL   86141   GEL   82310   GEL   82378   GEL   82465   GEL   82565   GEL   82565   GEL   82670   GEL   82977   GEL   82947   GEL   82947   GEL   82947   GEL   84703   GEL	ALPHABE 361946 007708 001537 006189 884247 007823 007401 001024 001180 004465 010322 480947 005199 020321 005207 006502 006072 006197 005215	PST/PSC *  ETICAL/COMBINATION TE Lipid Cascade reverse Lithium (Eskalith ) Magnesium Mononucleosis Test, Qual NMR LipoProfile Phenobarbital (Luminal ) Phenytoin (Dilantin ) Phosphorus Potassium Prolactin PSA 8415 PSA, Free: Total Ratio Prothrombin Time (PT)/INR PT and PTT Activated PTT Activated Rheumatoid Arthrits Factor	STS CON'T  (GE) MMP 80178 GE) 83735 GE) 86308 GE) 8096 NMP 80184 GEP 80185 GEP 84100 GE) 84146 GE) 8373G0103 GE) 84154 GEP 84154 GEP 85730 BLU 85730 BLU 86592 GEP 86662 GEP 86662 GEP	ALPHAB 003038 081950  MICF □ ENDOCE □ STOOL 07HER 008649 183194 008482 008334 008540 188128 180810 182949 008623 008144 008169 008342 008847  † = ID  * = Co	ETICAL/COMBINA  Urinalysis Min  Vitamin D, 25-H  OBIOLOGY See F  RVICAL THROAT  Aerobic Bacterial  CT/NG, NAA  Fungus Cullure  Genital Culture, F  Gram Stain  Group 8 Strep C.  Detection Culforl  Lower Respirator  Occult Blood, F-  Ova and Para  Stool Culture  Throat, Beta-Hen  Strep Cult. Group  Upper Respirator  Routine  Urine Culture, R  / Susceptibility at  Infirmation at Add	ATION TESTS CON  Croscopic  Positives  AL INDICATE SOUF  Culture†  87070  87011  9701  97
322 322 322 303 322 303 235 221 343 322 005 005 005	ORC Se 2744 2758 2700 27755 2775 2775 2777 277 277 277 277 27	GOMPONENTS OF TE  STAT VENIPURCTURE 198074	NON LABCORI  1 999289  IELS  80074 GEL  80048 GEL  4) 80053 GEL  80051 GEL  80061 GEL  60 80 80061 GEL  60 80 80 8	ALPHABE  001040  006627  120766  001016  007419  002139  001065  001370  007385  004515  004598  028480  001958  001818  001032  004556  004416  001925  001453  006734	BOBEN CHART ORDER 150 1988/261  TICAL/COMBINATION TES  BUN  C-Reactive Protein (CRP), Quant InsCardiac C-Reactive Protein (CRP)  Calcium  Carbarnazepine (Tegretol )  CEA  Cholesterol, Total  Creatinine  Digoxin (Lanoxin )  Estradiol  Ferritin  FSH and LH  FSH and LH  GGT  Glucose, Plasma  Glucose, Serum  100, Beta Subunit, Qual (Serum Pregrancy)  hCG, Beta Subunit, Quant  HDL Cholesterol  Hemoglobin A <sub>1C</sub> Hep A Antibody, IgM	### AND VIRILITIEN   9987272   175 CON'T   84520 GEL   86140 GEL   86141 GEL   82310 GEL   82378 GEL   82465 GEL   82465 GEL   82565 GEL   82670 GEL   82670 GEL   82947 GEL   83002 GEL   84703 GEL   84703 GEL   84703 GEL   83036 (AV)   86709 GEL   83036 (AV)   86709 GEL	ALPHABE 361946 007708 001537 006189 884247 007823 007401 001024 001180 004465 010322 480947 005199 020321 005207 006502 006072 006197 005215 001198	PST/PSC *  ETICAL/COMBINATION TE Lipid Cascade see reverse Lithium (Eskalith ) Magnesium Mononucleosis Test, Qual NMR LipoProfile Phenobarbital (Luminal ) Phenytoin (Dilantin ) Phosphorus Potassium Prolactin PSA 8415 PSA, Free: Total Ratio Prothrombin Time (PT)/INR PT and PTT Activated PTT Activated Rheumatoid Arthritis Factor RPR Rubella Antibodies, IgG Sed Rate, Westergren Sodium	STS CON'T  (GE) WMF 80178 GE) 83735 GE) 86308 GE) 8066 NMF 80184 SEP 80185 SEP 84100 GE) 84132 GE) 84146 GE) 85730 BL) 85730 BL) 85730 BL) 86431 GE) 86592 GE) 86662 GE) 86662 GE) 84295 GE)	ALPHAB 003038 081950  MICF □ ENDOCE □ STOOL 07HER 008649 183194 008482 008334 008540 188128 180810 182949 008623 008144 008169 008342 008847  † = ID  * = Co	ETICAL/COMBINA  Urinalysis Min on Vitamin D, 25-H OBIOLOGY See F RVICAL THROAT URETHRA  Aerobic Bacterial CT/NG, NAA Fungus Cullure Genital Culture, F Gram Stain Group 8 Strep C. Detection Cul/Df Lower Respirator Occult Blood, F- Ova and Para Stool Culture Throat, Beta-Hen Strep Cult. Group Upper Respirator Routine Urine Culture, R- / Susceptibility at	ATION TESTS CON  Croscopic  Positives  AL INDICATE SOUF  Culture†  87070  87011  9701  97
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3222 3222 3222 3033 3222 3033 2355 2211 3433 3222 0055 0055 0050 0050 0050 0050 00	ORC 2744 2758 2000 3754 2755 3756 3010 3925 2777 36009 3997 31142 30025 3173 ALPH/6049 081 107 545 396	GOMPONENTS OF TEATA VERIPUNCTURE 193074	NON LABCORE  1 999289  IELS  1015  80074 GEL  80048 GEL  40 80053 GEL  80051 GEL  80061 GEL  60 80061 GEL  60 80061 GEL  60 80061 GEL  60 80061 GEL  70 80061 GEL  85025 (AV)  85027 (AV)  85027 (AV)  85014 (AV)  85018 (AV)  85014 (AV)  85016 (AV)  1 85016 (AV)  TESTS  82040 GEL  84075 GEL  84460 GEL  84150 GEL  86038 GEL  84450 GEL	ALPHABE  001040  006627  120766  001016  007419  002139  001065  001370  007385  004515  004598  028480  001958  001818  001032  004556  004416  001925  001453  006734  006395  006510  143991  083824  THE BELOV  162222	CHART ORDER  CHART ORDER  D98251  TICAL/COMBINATION TES  BUN  C-Reactive Protein (CRP), Quant InsCardiac C-Reactive Protein (CRP)  Calcium  Carbamazepine (Tegretol*)  CEA  Cholesterol, Total  Creatinine  Digoxin (Lanoxin*)  Estradiol  Ferritin  FSH and LH  GGT  Glucose, Plasma  Glucose, Plasma  Glucose, Serum  IACS, Bela Subunit, Quant  HDL Cholesterol  Hemoglobin A <sub>1C</sub> Hep A Antibody, IgM  Hep B Surface Antigen  Hep C Antibody w/reflex to RIBA*  HIV-1/0/2 Antibodies*  V TEST IS FOR NY STATE C	### AND WHILTTEN   998272   15 CON'T     84520 GEL     86140 GEL     86141 GEL     82310 GEL     82378 GEL     82465 GEL     82565 GEL     82565 GEL     82670 GEL     82947 GEL     82947 GEL     83003 GEL     84702 GEL     84703 GEL     84703 GEL     86706 GEL     87340 GEL     86803 GEL     86703 GEL     86704     86705 GEL     86705 GEL     86705 G	ALPHABE 361946 007708 001537 006189 884247 007823 007401 001024 001180 004465 010322 480947 005199 020321 005207 006502 006072 006197 005215 001198 004226 007336 330015 001149 082345 001172	PST/PSC *  CTICAL/COMSINATION TE Lipid Cascade Feverse Lithium (Eskalith*) Magnesium Mononucleosis Test, Qual NMR LipoProfile* Phenobarbital (Luminal*) Phenytoin (Dilantin*) Phosphorus Potassium Prolactin PSA 8415 PSA, Free: Total Ratio Prothrombin Time (PT)/INR PT and PTT Activated PTT Activated Rheumatoid Arthritis Factor RPR Rubella Antibodies, IgG Sed Rate, Westergren Sodium Testosterone, Total Theophylline Thyroid Cascade Profile Thyroxine (T*) T. pallidum Screening Cascad Triglycerides	STS CON'T  (GE) WMF 80178 GEI 83735 GEI 86308 GEI 86308 GEI 86308 GEI 80184 SER 80185 SER 84100 GEI 84132 GEI 84146 GEI 33/G0103 GEI 85730 BLU 85730 BLU 86592 GEI 86592 GEI 84695 GEI 84403 GEI 84136 GEI 84436 GEI 84436 GEI 84436 GEI 84436 GEI 84436 GEI 84436 GEI 84478 GEI 84478 GEI	ALPHAB 003038 081950  MICE □ ENDOCE □ STOOCE □	ETICAL/COMBINA  Urinalysis Min on Vitamin D, 25-I- IOBIOLOGY See F RVICAL THROAT  Aerobic Bacterial  CT/NG, NAA  Fungus Culture, F Gram Stain  Group 8 Strep C. Detection Cult/Or Lower Respirator Occult Blood, F: Ova and Para Stool Culture Throat Beta-Hen-Sirep Cult. Group Upper Respirator Routine Unine Culture, R: / Susceptibility at nfirmation at Addormation/Comments	ATION TESTS CON  Erroscopic  B1003  Hydroxy 82306  Reverse Side  URINE  AL INDICATE SOUF  Culture † 87070  87101  Routine † 87070  87205  Okonization 87070  NA Probe 87149  Ty Culture† 87070  B27045  Ty Culture† 87070  B37045  Ty Culture† 87070  Ty Culture† 87086

# ATTACHMENT 1101.6.4 RS1101D EXCEPTIONS REQUEST FOR NON-INDIGENT MEDICATIONS OR LABORATORY TESTS

Approved: 07/25/12 Page 13 of 16

### EXCEPTIONS REQUEST FOR NON-INDIGENT MEDICATIONS OR LABORATORY TESTS (Exceptions Form)

		d	loes not meet the indigent drug
10 K 0 0 K		Consumer's name	
progra	am gui	delines but is in dire need of	Name of medication
or	Labor	A¡ atory test/treatment	pproximate monthly cost: <u>\$</u>
	Labor	atory test/treatment	
Pleas	e ched	ck all that apply:	
	afford	consumer's income exceeds the Feder I the treatments (medication, laborator niatrist because:	
	AND		
		consumer has no other insurance covenents; AND	erage or way to pay for the prescribed
		The consumer is considered to be a	danger to self or others; OR
		The consumer is experiencing psych impair functioning; OR	notic thought processes that seriously
		Without treatment, the consumer will hospitalization.	likely decompensate and need
Reso	urces:		
•	No a	oles are not available through NNAMH vailability of low-cost, generic medicat cess to PAP or scholarship medicatio	ions
Date:		Center Director Signature:	
	oroved approv	l ved: (Rationale)	
Direct	tor or N	Jursing or Designee	 Date

## ATTACHMENT 1101.6.5 RS1101E ONE TIME EMERGENCY MEDICATION REQUEST

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### RURAL SERVICES COMMUNITY MENTAL HEALTH CENTERS

#### ONE TIME EMERGENCY MEDICATION REQUEST

Authorization for payment to:			
Pharmacy located in:	Nevada. Date:		
Consumer name:	DOB:		
Address:	Zip:		
Prescribing physician:	Phone:		
Medication: Medication: Medication:	bosage	Number Number Number	
NOTE: The above-named consumer has been approved Centers. This authorization is for providing only the prauthorizations.			
Dispensing fee: \$			
Prescription fee: \$			
Total \$			
Please indicate the total cost above and fax this form b	ack to the Mental Health Cent	er.	
Fax number:			
Billing instructions: All billings should be sent to our A	Administrative Office located a	ıt:	
Rural Services Administration 1665 Old Hot Springs Road, Ste. 157 Carson City, NV 89706			
Authorized Signature by Center Director or Designee:	Date	Center	
Director of Nursing or Designee Signature:		Date	
Approved/Rationale			
Disapproved/Rationale			