Split Bill Request

940 Industrial Dr S Ste 102
Sauk Rapids, MN 56379
Phone: 320-230-1050
Fax: 320-230-1051

Date: _____

Submitted By: _____

Instructions:

1. Pull the label or write the Rx# and drug name
2. Provide the quantity being sent with the patient
3. Fax to the pharmacy for rebilling

DISCHARGE DATE: _____

Resident Name: _____ Date of Birth: _____

RX# Drug:	Qty
RX# Drug:	Qty
RX# Drug:	Qty
RX# Drug:	Qty
RX# Drug:	Qty
RX# Drug:	Qty
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RX# Drug:	Qty
RX# Drug:	Qty
RX# Drug:	Qty

Patient Signature: _____

By signing this form I acknowledge that I am accepting the above medicaitons. I understand that the quantity indicated will be billed to my insurance and that I could receive a bill From Guardian Pharmacy.