



UNIVERSITY COMPOUNDING PHARMACY

Bill Office Account Agreement

Please check this box if you have multiple providers in your practice. We will contact you for their information

Date: _____

Physician Name: _____

Clinic Name: _____

DEA# _____ License # _____ NPI# _____

Address: _____

City/State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Billing Information		
Cardholder Name:		
Credit Card Number:		
Exp. (MM/YYYY)	Billing Email:	
Billing Address:		
City:	State:	Zip:

Under this agreement:

- The provider agrees to not resell medication at more than the retail cost.
- University Compounding Pharmacy has full retail-price transparency if requested by the patient.
- Legally the patient has the right to fill their prescription at any pharmacy they choose.
- Controlled medications cannot be shipped to the provider's office.
- No refills will be processed for prescriptions paid by the provider.

