

Medical Provider Component

M E D I C A L E X P E N D I T U R E P A N E L S U R V E Y



Patient Request For 2005 Records

The customers named on the enclosed list authorize and request you to supply a Patient Profile for the Medical Expenditure Panel Survey. Signed authorization forms are also enclosed.

Print a **Patient Profile** or other printout for all prescriptions filled or refilled in calendar year 2005. Include this information for each prescription:

- Date Filled or Refilled
- NDC*
- Quantity Dispensed
- Patient Payment
- Names of Third Party Payers
- All Third Party Payment Amounts

*If the NDC is not available, please provide medicine name, manufacturer, strength, unit, and dosage form.

Send the material to **Westat**, the data collection contractor for the study.

Mail to:

Anne Denbow
Westat
9274 Gaither Road, Room GA89
Gaithersburg, MD 20877-1420

or

Fax to 1-800-292-6408

If you have any questions, call 1-800-318-3843.

Thank you for participating in this important study!

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