

# 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



Provider ID/W _____
Provider Name _____

## Customer List

The customers listed below have given authorization to contact you and request information from their records. Copies of the signed authorization forms are attached.

Each customer's name, date of birth, and gender are provided to help you to locate the customer in your records.

For each customer, we will be asking about prescriptions received between January 1, 2005 and December 31, 2005. For each prescription we will need the date filled, the NDC code, quantity dispensed, charges and payments.

A data collection coordinator will be calling you shortly after you have received these materials to collect the information over the telephone.

	Customer Name	Date of Birth	Sex
1			
2			
3			
4			
5			

