



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient Telephone number \_\_\_\_\_

Referring Pharmacy Name: ALLURE PHARMACY Pharmacy NCPDP/NABP: 5637117

Pharmacist Name: Patty Kang / Farah Diljoui Original Rx Number: \_\_\_\_\_

Bin: \_\_\_\_\_

- Alcortin® A Gel
- Quinja™ Gel
- Novacort® Gel

Claim Type:

- Cash
- High deductible
- Commercial Rejection

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Current Medications & Prescriptions: N/K

Medical Conditions: N/K

**Please attach Transferred Prescription Information**

Novum Patient Assistance Pharmacy  
 1333 West Belmont, Suite 320A  
 Chicago, IL 60657  
 Toll free: (800) 592-7174  
 Fax: (877) 992-3831

**Prescription Transmission Details****Data Sent:**

101/A1	Bin Number	
102/A2	Version/Release Number	D0
103/A3	Transaction Code	E1
104/A4	Processor Control Number	
109/A9	Transaction Count	1
202/B2	Service Provider ID Qualifier	
201/B1	Service Provider ID	
401/D1	Date of Service	02/17/2020

**PATIENT SEGMENT :**

C4/304	Pat. Birth Date	
C5/305	Patient Gender Code	1
CA/310	Pat. First Name	
CB/311	Pat. Last Name	
CM/322	Pat. Street Address	
CN/323	Pat. City	
CO/324	Pat. State	
CP/325	Pat. Zip	
CQ/326	Pat. Phone	
CX/331	Patient ID Qualifier	01

**INSURANCE SEGMENT :**

C1/301	Group ID	
C2/302	Cardholder ID	

**Data Received:**

102/A2	Version / Release No	D0
103/A3	Transaction Code	E1
109/A9	Transaction Count	0
501/F1	Response Status (Header)	A
109/A9	Service Provider ID Qualifier	01
109/A9	Service Provider ID	
109/A9	Date of Service	02/17/2020

**RESPONSE MESSAGE SEGMENT :**

AN/112	Transaction Response Status	R
FA/510	Reject Count	01
FB/511	Reject Code	01
UF/130	Additional Message Information Count	01
UH/132	Additional Message Information Qualifier	01
FQ/526	Additional Message Information	MISSING/INVALID BIN-INVALID ROUTING

**RESPONSE CLAIMS SEGMENT :**

EM/455	RX/Service Ref. # Qualifier	1
D2/402	RX/Service Ref. #	

**Allure Pharmacy**  
11670 San Vicente Blvd, Ste A  
Los Angeles, CA. 90049

**Phone:** (310)826-1111  
**Fax:** (310)826-1115  
**DEA:** FA1876599

## Prescription Transfer Information

**Transferred To:**

**Comments:**

NOVUM PHARMACY ASS  
1333 WEST BELMONT SUITE 320A  
CHICAGO, IL 60657  
**Phone:** 800-592-7174  
**Pharmacist:** JOHNM  
**DEA:**

**Patient**

**Birthdate:**

**Doctor**

ROBERT OLDT, MD  
**DEA:** BO1000289  
**Phone:** 805-985-5599

**Prescription**

**Rx No:** -----  
**Date of Issuance:** 2/12/2020  
**Original Fill Date:**  
**Last Fill Date:**  
**Qty:** 48      **Drug Dispensed:** ALCORTIN A 1-2-1% GEL  
**Drug Prescribed:** ALCORTIN A 1-2-1% GEL  
**Refills Authorized:** 0  
**Qty Remaining:** 48  
**Refills Remaining:** 0  
**Sig:** Apply to affected area 2 times a day

**Date Transferred:** 02/17/2020    **at:** 1:59:37 PM

**Pharmacist Transferring:** Fara Diljoui