Split Bill Request

Guardian pharmacy Minnesota
3601 18th St S, Suite 101
St Cloud, MN 56303
Phone: 320-230-1050
Fax: 320-230-1051

Date:

Submitted By:

Insturctions:
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

Resident Name: Date of Birth:

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

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