



St. Louis Pediatric Associates, Inc.

Request For Over The Counter (OTC) Prescription for FSA and HSA reimbursement

- ❖ There is a \$5.00 processing fee for OTC prescriptions due at the time of request.
- ❖ Prescriptions will not be processed on the day of the request.
- ❖ Prescriptions will be mailed to the address listed below within 7 business days.
- ❖ Prescriptions will not be post dated. The date on the prescription will be the date that it is processed.

Please fill out all information:

Date: _____

DOCTOR:

- | | |
|--|---|
| <input type="checkbox"/> Richard Sato, MD | <input type="checkbox"/> Laquita Graham, MD |
| <input type="checkbox"/> Juanita Polito-Colvin, MD | <input type="checkbox"/> Alan Skoultchi, MD |
| <input type="checkbox"/> Joseph Goldenberg, MD | <input type="checkbox"/> Julia Mayer, MD |
| <input type="checkbox"/> Thomas McKinney, MD | <input type="checkbox"/> Laura Hartman, MD |
| <input type="checkbox"/> Denise Kung, MD | |

Patient Name: _____ Date of Birth: _____

Parent Name: _____

Phone Number: _____

Address: _____

Please list OTC items below:

Signature

Payment information:

- | | | | |
|--|--|--------------------|-------------------------------|
| <input type="checkbox"/> Check # _____ | <input type="checkbox"/> Credit Card | Card Number: _____ | 3-4 digit security Code _____ |
| Amount _____ | <input type="radio"/> Visa
<input type="radio"/> Master Card
<input type="radio"/> Disc over
<input type="radio"/> American Express | Amount: _____ | Expiration Date: _____ |
| | | Signature _____ | |