



Prescriptions

Inclusive Benefits, Inc.
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FAX TO: 212 283 3104

Please take your time to write the names of the prescriptions that you take and what they are used to treat and I will locate the tier structure and cost of that prescription.

Your Company Name: _____

<u>Name:</u>	<u>Used to Treat:</u>	<u>Generic – Brand – Non-Formulary:</u> <u>Prices:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____