



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:

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 | |

Date: _____

Patient Name: _____ Date of Birth: _____

Parent Name: _____

Phone Number: _____

Address: _____

Please list OTC items below:

Signature

Payment information:

- Check # _____ Amount _____
- Credit Card
- Visa
 - Master Card
 - Disc over
 - American Express
- Card Number: _____ 3-4 digit security Code _____
- Amount: _____ Expiration Date: _____
- Signature _____