LARA/HID-220 (02/14)

State of Michigan
Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Michigan Automated Prescription System (MAPS)
P.O. Box 30454, Lansing, Michigan 48909
Telephone: (517) 373-1737 Fax: (517) 241-5072 E-Mail: BHCSMAPSInfo@michigan.gov
Website: www.michigan.gov/mimapsinfo

MAPS CLAIM FORM

Authority: P.A. 231 of 2001

Board of Pharmacy Rule 338.3162d requires this form to be completed for every controlled substance that is dispensed, and mailed or delivered to MAPS no later than 7 calendar days after the date the controlled substance has been dispensed.

Dispenser Information (Please Print)

DEA Number	Dispenser's First Name	Middle Name	Last Name

Street Address	City	State	Zip Code

Telephone Number with Area Code	Email Address

Patient Information (If veterinary patient – use pet owner information)

Customer ID (Driver's License or State ID Number)	Patient's First Name (human)	Last Name

Street Address	City	State	Zip Code

Date of Birth (human)	Sex	Species Code
	☐ Male ☐ Female ☐ Unknown	☐ Human ☐ Veterinary Patient

Controlled Substance Dispensed

Issued Date	Filled Date	Prescriber DEA Number

NDC Number (Must be eleven digits)	Drug Name
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Quantity	Refill Number	Transmission Form
		☐Written Prescription ☐Telephone ☐Telephone Emergency ☐Fax
Days Supply	**Authorized Refills**	**Mode of Payment**
		☐Private Pay ☐Medicaid ☐Medicare ☐Commercial Insurance ☐Major Medical ☐Worker's Comp ☐Indian Nations ☐Other
RX Number		

Controlled Substance Dispensed

Issued Date	Filled Date	Prescriber DEA Number

NDC Number (Must be eleven digits)	Drug Name
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Quantity	Refill Number	Transmission Form
		☐Written Prescription ☐Telephone ☐Telephone Emergency ☐Fax
Days Supply	**Authorized Refills**	**Mode of Payment**
		☐Private Pay ☐Medicaid ☐Medicare ☐Commercial Insurance ☐Major Medical ☐Worker's Comp ☐Indian Nations ☐Other
RX Number		

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