



UNISON BID DOSING Redemption Sheet

\$10	\$20
\$30	\$40
\$50	\$60
\$70	\$80
\$90	\$100

Affix an extra copy of the bottle label from all BID Risperdal, Lamictal and Topamax prescriptions for Unison patients where the pharmacist has performed all the required activities for the pill-splitting program. Fax the completed sheet(s) to 1-412-457-1499 and transmit all partially filled sheets before the end of each month. This procedure will augment our claims processing system and help ensure that we disburse the correct payment for your services. Please make additional copies as necessary.